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ANNUAL REPORT 1985–1986

PLAN OF ACTION 1985–1990 BASED ON THE NAIROBI FORWARD-LOOKING STRATEGIES

FOR THE ADVANCEMENT OF WOMEN TO THE YEAR 2000

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HEALTH AND WELFARE CANADA

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THE NAIROBI FORWARD-LOOKING STRATEGIES

FOR THE ADVANCEMENT OF WOMEN

TO THE YEAR 2000

March 1987

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INTRODUCTION AND OVERVIEW

This is the first Annual Report on Health and Welfare Canada's new Plan of Action (1985-1990) based on the "Nairobi Forward-Looking Strategies for the Advancement of Women to the Year 2000" (FLS). It covers the year August 1, 1985 to July 31, 1986 immediately after the Nairobi World Conference to review and appraise the achievements of the end of the United Nations Decade for Women: Equality, Development, Peace. The scope and details of the new Departmental Plan of Action which this report addresses appear in Appendix I. This Introduction provides some of the highlights of the activities of the Office of the Senior Adviser Status of Women (OSASW) in this initial phase of the implementation of the FLS.

The major undertaking during this period of the Office of the Senior Adviser Status of Women was the stimulation, coordination and development of the new Plan of Action. A parallel undertaking to implement the FLS occurred at the Regional level, as we contributed to the development of a new Regional Plan of Action on Women, Health and Development (WHD) of the Pan American Health Organization (PAHO). The Departmental and Regional Plans are designed to guide our activities for the first five-year period leading up to the year 2000. Major aspects of Health and Welfare Canada's Plan of Action (1985-1990) have been incorporated into the federal government work plan for the coming two years to promote the status of women in Canada.

Other specific topics which demanded the particular attention of the OSASW during the year were: immigrant and visible minority women; women's health research; health aspects of family violence; child care and family policy issues; mental health; pension reform; occupational and environmental health; reproductive health, Native women; and women's organizations.

The Nairobi Forward-Looking Strategies for the Advancement of Women (FLS)

The Senior Adviser Status of Women (SASW), contributed in preparatory conferences to the text of the FLS and participated in the Nairobi World Conference. Under her direction, the Departmental Advisory Committee on Status of Women Concerns translated the Strategies into over 100 specific initiatives which together comprise the Department-wide Plan related to the mandate of Health and Welfare Canada.

In addition, the SASW undertook numerous activities to promote the spirit of Nairobi and disseminate the FLS to governmental and non-governmental organizations to guide their policy and program development, to share the spirit and the message of Nairobi and to stimulate the development of programs and projects to give life to the FLS in Canada. The SASW promoted federal/provincial cooperation on implementation of the FLS by addressing the Advisory Committee on International Health, the Federal/Provincial Advisory Committee on Environmental and Occupational Health, and in her work with the Federal/Provincial/Territorial (F/P/T) Health Liaison Officials (see below). She also undertook to prepare and distribute selected paragraphs from the FLS to professional associations and women's NGO's and addressed a number of them on the subject of the FLS and its implementation, among them the Canadian Mental Health Association, the Canadian Public Health Association and the Canadian Jewish Congress.

In June 1986, the Senior Adviser Status of Women conducted a post-Nairobi Seminar on Social Policy for the Political Interns of the University of Michigan-Dearborn, during their annual internship in Canada, under the direction of Professor Helen Graves.

In March 1986, the SASW, as a member of the Canadian Delegation to the 31st Meeting of the UN Commission on the Status of Women in Vienna, Austria introduced, on behalf of Canada and cosponsers, resolutions on "Elderly Women" and on "Violence in the Family".

Women, Health and Development (WHD) and the PAHO Plan of Action on WHD (1986-1990)

As Canada's Focal Point on WHD, the SASW has continued to play an active role in the promotion of concerted actions on WHD as well as maintaining and increasing activities to inform women's NGO's, government officials and health professionals of the new PAHO Plan of Action (1986-1990) and the Regional Forward-Looking Strategies on WHD. The SASW was a member of the Canadian Delegation to the 31st Meeting of the PAHO Directing Council in September 1985, and represented Canada at the Meeting of the Special Executive Subcommittee on WHD in June 1986, in Washington D.C., which drafted the new PAHO Regional Forward-Looking Strategies on WHD (available on request from the OSASW). The Resolution accompanying the Regional FLS urges member countries of PAHO to develop specific five-year plans on WHD for 1986-1990; strengthen national Focal Points; ensure intersectoral and interdisciplinary collaboration in the implementation of the Plan of Action; maximize their efforts to improve women's health conditions; ensure health services and access to health care for women; and establish mechanisms for collaboration with NGO's on WHD activities.

Other international activities of the SASW on WHD included consultation in Geneva, Switzerland with Dr. Angèle Petros-Barvazian, Director, Family Health World Health Organization (WHO) and WHO Focal Point on WHD, and other WHO officials on the subject of the integration of the goals of WHD into the program of Health for All by the year 2000. The Fifty/Fifty Club of WHO invited the SASW to address its International Women's Day Meeting at WHO Headquarters, on the Subject of "Psychosocial Dimensions of Girls' and Women's Development". In Ottawa, the SASW arranged for Dr. Petros-Barvazian to meet with other Canadian Officials.

During this period, the OSASW collaborated with various bodies, including CIDA regarding international assistance for WHD. THE OSASW also provided Briefing Notes on WHD matters for the Canadian Delegations to various meetings, including the Meeting of the Commonwealth Health Ministers in October 1985, and the 39th World Health Assembly in Geneva in May 1986.

Under the dual aegis of International Youth Year 1985, and the PAHO Plan of Action on WHD (1980-1985), the Proceedings of the Colloquium on Adolescent Girls' Health were published and distributed by the OSASW to conference participants, major women's health organizations, and in response to requests, to health professionals, academics and interested readers across the country. (This document is available on request from the OSASW).

Immigrant and Visible Minority Women

The OSASW on behalf of the Department, placed particular emphasis during this period on the policy development work needed to address the expressed views and concerns of immigrant and visible minority women, as presented by their National Action Committee (NAC) at the June 1985, Meeting with Ministers (see last Annual Report). Subsequent

meetings have taken place between the NAC and the Honourable Jake Epp, Minister of National Health and Welfare in March 1986, and in May 1986, with the SASW, who has been appointed by the Minister to liaise with the NAC.

The SASW represented HWC at meetings of the Interdepartmental Commitee on Immigrant and Visible Minority Women, chaired by Multiculturalism Canada, and coordinated Departmental responses to the substantial Brief presented to Ministers by the NAC, providing specific information on HWC activities to promote the development of appropriate health services, income security programs and social services to help meet the "critical socioeconomic needs" of this group of disadvantaged women. Information sharing and consultations on these concerns with NGO's and with the F/P/T Senior Health Liaison Officials were continued and expanded during this period, including contacts with provincial and territorial ministries of social services across Canada via the Office of the Deputy Minister, who shared the Brief of the NAC on Immigrant and Visible Minority Women with her counterparts. The OSASW also contributed input on behalf of the Department to the work of the newly-formed Federal Task Force on Mental Health Issues Affecting Immigrants and Refugees and to the Meeting of Ministers Responsible for the Status of Women in June 1986, for a round table discussion of the concerns of immigrant and visible minority women.

Federal/Provincial/Territorial Senior Health Liaison Officials

During this period, consultations, collaboration and information exchange were maintained with the provincial and territorial Senior Health Liaison Officials designated by their provincial and territorial Deputy Ministers of Health. With a continuing focus on health aspects of family violence, the F/P/T officials were invited to address the health concerns of immigrant and visible minority women, the Nairobi FLS and the PAHO Plan of Action on WHD. Consultations with Senior Health Liaison Officials, their provincial colleagues and the SASW were held during this period in Alberta and Québec.

Women's Health Research

The SASW chaired meetings of the HWC Women's Health Research Committee to discuss parameters of the health research component of the New Plan of Action. In addition, various research proposals dealing with women's health issues and concerns were assessed by the OSASW for departmental funding during this period. In June 1986, the SASW was invited to attend the National Conference on Women's Health in Washington, D.C. sponsored by the US Public Health Service Coordinating Committee on Women's Health Issues and the Food and Drug Administration.

An important dimension of the Departmental Plan of Action 1985-1990 is the convening of a "Symposium on Changing Patterns of Health and Disease in Canadian Women" in spring 1988. The Departmental Steering Committee which has been struck to plan the Symposium has taken over some of the functions of the previous Women's Health Research Committee. The Steering Committee has representation from branches of HWC and the Medical Research Council, as well as a consultant member from the Canadian Public Health Association (CPHA).

Health Aspects of Family Violence

The SASW and associates continued to stimulate, coordinate, monitor and report on departmental responses in family violence and collaborate with various groups and Status of Women Canada in addressing the federal/provincial/territorial dimensions of this very important subject. This included contributions to the Federal/Provincial/Territorial Working Group on Wife Battering, which produced its final report in June 1986, and concentration on initiatives to further address the health aspects of wife assault by developing awareness of, and appropriate responses by, the health sector.

Activities of the SASW in previous years with NGO's in the health sector reached fruition with the publication by the Canadian Association of Social Work Administrators in Health Facilities (CASWAHF) of the Domestic Violence Protocol Manual: for social workers in health facilities. The SASW also contributed an invited review of the book No Safe Place: Violence Against Women and Children to the Journal of Women and Health, a quarterly journal published in New York, and participated in a national consultation on child sexual abuse.

Child Care

With specific regard to the policy development going on at all levels on the key issue of child care in Canada, the SASW participated in October 1985, in the Meeting of Senior F/P/T Officials on Child Care, chaired by Status of Women Canada and during this period, held consultations with various officials, interested organizations and professionals to gain an overview on developments, problems and prospects for policy development.

Family Policy Issues

The resurgence of family policy issues both nationally and internationally brought specific demands on the OSASW. The SASW delivered a keynote address on the topic of "Changing Perspectives in Family Policy" at the International Conference on Women and Offshore Oil, sponsored by the Institute of Social and Economic Research of Memorial University in St. John's, Newfoundland. She also participated in July 1985, in an Intergovernmental Consultation on the Family. The SASW was consulted by the Canadian Home Economics Association on a proposed initiative and invited by the prestigious Salzburg Institute in Vienna to present a paper on "The Family of the Future: A Model of Partnership" at the International Seminar on "Interdependence - Between Women and Men" in Salzburg, Austria in July 1987.

Mental Health

At the 1985 Conference of the Canadian Mental Health Association (CMHA) in Halifax, N.S., the SASW presented a paper and chaired a Workshop on "The Future of the Family" and maintained continuing consultations with the CMHA contributing to the creation of a Women's Mental Health Committee. The SASW engaged in a number of consultations in Geneva with WHO officials on the subject of women's mental health concerns. She was invited by the New York State Commissioner of Social Services to present a paper on poverty and mental health at a Symposium on "Women, Poverty and Health" scheduled for October 1986.

Women and Pension Reform

The SASW continued to monitor and advise on developments related to pension reform as they affect women, including legislation extending the Spouses Allowance to all low-income widowed persons aged 60 to 64 regardless of the age of their spouse at the time of death (effective September 1985), amendments to the Canada Pension Plan and private pensions for public sector employees (PBSA Act), as well as taking part in consultations with ISPB on their policy development work on Pensions for Homemakers and changes to Survivors' Benefits under the CPP. The Office arranged distribution of the informative ISPB booklet Basic Facts on Social Security Programs to over 50 women's NGO's and members of intergovernmental committees.

The SASW was invited to present a paper at a US-Canada Expert Group Meeting on "Policies for Mid-Life and Older Women" sponsored by the American Association of Retired Persons (AARP) in Washington in October 1986.

Occupational and Environmental Health

In February 1986, the SASW gave the keynote address on "Shaping Futures for Women: Critical Interventions" at the Symposium Women, the Workplace and Employee Assistance Programs, sponsored by the Metropolitan Insurance Company, the Regional Municipality of Ottawa-Carleton and the Addiction Research Foundation of Ontario. At the request of the ILO, the OSASW solicited and compiled information from across Canada on Protective Legislation Affecting Women in Employment, for an international comparison to be published by the ILO. The SASW also took part in consultations on women's occupational health at ILO Headquarters in Geneva, Switzerland in March 1986. During this period the OSASW assisted in arranging a meeting of the Swedish Labour Attaché with departmental consultants. OSASW staff members attended meetings and workshops on toxicology to gather information on current issues in occupational and environmental health.

Native Women

The SASW held departmental consultations related to Native women and families leading to incorporation of specific initiatives in the new Departmental Plan of Action (1985-1990). Liaison was maintained and information provided on request to Indian and Inuit women's NGO's such as PAUKTU'UTIK: the Inuit Women's Association, and the Indian and Inuit Nurses of Canada.

Women's Organizations

In addition to special activities publicizing the FLS (see above), liaison was maintained with many women's organizations across Canada, with the office continuing to monitor and advise on matters related to federal policy and legislative reform to ensure an effective HWC Status of Women perspective. This involved, inter alia, the coordination of HWC responses to briefs from major women's organizations such as the National Action Committee on the Status of Women (NAC), the National Council of Women, the Catholic Women's League, and the Canadian Advisory Committee on the Status of Women.

I INCOME SECURITY PROGRAMS

Background

In 1985 and 1986 the federal parliament approved several initial measures as part of a broader plan designed to improve the public and private pension systems. These measures included the extension of the Spouse's Allowance program to all needy widowed persons aged 60 to 64 regardless of the age of their spouse at death as well as a number of major amendments to the Pension Benefits Standards Act which provides for minimum standards for pension plans covering persons employed within federal jurisdiction. The latter amendments establish an earlier vesting and locking-in provision, improved survivor provisions, improved financing provisions as well as the elimination of sex discrimination in the provision of benefits. In addition, amendments were made to the Income Tax Act resulting in improved tax treatment of pension savings.

During the latter part of 1985, the federal and provincial governments entered into discussions on a number of major proposals to reform the Canada Pension Plan (CPP). As a result of these negotiations, amending legislation (Bill C-116) was passed by Parliament in June 1986. Having received the required provincial approval, a number of significant amendments to the Plan will come into force on January 1, 1987. As discussed below, several of these amendments are of particular benefit to women - especially to those who have had no or only a minimal attachment to the paid labour force.

I-1 Credit-splitting under CPP

The CPP currently provides that CPP pension credits earned by one or both spouses during their marriage may be divided equally, on application by one spouse, on divorce or legal annulment. This provision is designed to ensure that both spouses share a pension asset towards which both contributed during their years together. More particularly, credit-splitting affords income protection under the Plan in the case of retirement, disability, or death to those spouses who have had little or no opportunity to contribute to the Plan due to their often intermittent attachment to the paid labour force.

To ensure that CPP pension credits are divided equally on divorce as a matter of right, the CPP legislation has been amended to provide that these credits will be divided on a mandatory basis i.e. without the need for an application, when the Minister of National Health and Welfare is informed of the divorce. In addition, to recognize that there are other forms of marital breakdown, the amendments extend the application of the credit-splitting provision to the separation of legal spouses as well as the breakdown of common-law unions. In order to be eligible, the spouses or former spouses must have cohabited in a conjugal relationship for a minimum of one year. An application may be submitted after the couple has been living separate and apart for one year. In the case of the breakdown of a common-law union, an application must be submitted within four years after the former spouses separated.

A special clause has also been included in the legislation to provide that spousal agreements entered into after June 4, 1986, are not binding on the Minister of National Health and Welfare unless a provincial law so provides and in that event, only if the waiver explicitly refers to a division of CPP pension credits. To date, no such provincial law exists. Although it was always intended that the right to a division of CPP credits not be abrogated by any prior agreement between the spouses, such an explicit provision was not included when credit splitting was originally introduced in 1977. As a result, in August 1983, the Pension Appeals Board ruled that the Minister must take into consideration prior agreements between the spouses in which all claims to future benefits were waived. This meant that for all subsequent applications for divisions, the Minister had no choice but to deny a division of CPP pension credits in cases where a separation agreement contained such a waiver. The most recent amendment clarifies that spousal agreements are not binding on the Minister for CPP credit-splitting purposes.

Based on current divorce rates, up to 50 000 couples a year could have their credits divided compared to approximately 1500 currently received each year. In the case of the separation of legal spouses and the breakdown of common-law relationships, as many as 20 000 applications could be expected once the provision is in effect.

I-2 Amendments to CPP Survivor's Benefits

The CPP currently provides that a surviving spouse's benefit is terminated when the spouse remarries. This was originally based on the assumption that women were always dependent on their husbands for financial support. Accordingly, once a widow remarried it was assumed that she would no longer be in need of financial assistance.

The Parliamentary Task Force on Pension Reform urged that this provision be removed and, more recently the Parliamentary Committee Report entitled Equality for All stated that the CPP should be amended since this provision discriminates on the basis of marital status. Accordingly, the CPP has been amended so that after December 1986, survivors' benefits will no longer be terminated on remarriage. Benefits that were previously discontinued can be reinstated effective January 1, 1987 upon application.

It is estimated that in any one year about 3600 persons in receipt of a survivor's benefit remarry. As of January 1, 1987, approximately 35 000 people, over three-quarters of whom are women, will qualify for the reinstatement of their benefit.

Combined Benefits

An individual who is entitled to a survivor's benefit may also be entitled to a CPP disability or retirement benefit in his/her own right.

The CPP currently provides that disability and survivor benefits are stacked, subject to a ceiling equal to the maximum CPP retirement pension. The legislation has been amended so that the ceiling will be raised significantly. Using 1986 benefit levels, for example, the maximum combined benefit payable would increase from $486 to $764.

It is estimated that this amendment will benefit about 5000 persons effective January 1, 1987 - approximately 81% of whom are women.

In addition, the combined survivor/retirement rules have been amended to allow recipients to stack both the earnings-related portions of their retirement and survivors' benefits up to the ceiling of one maximum retirement pension. Under the old rules, the earnings-related survivor benefit was always reduced if the survivor received a retirement pension. Women will be the main beneficiaries of these amendments since they represent the vast majority of the CPP survivor benefit population.

I-3 Assignment of CPP Retirement Benefits

A new provision has been included in the CPP to allow the retirement pension earned by one or both spouses during their marriage (or common-law union) to be shared upon application by one of the spouses. Both spouses must be at least 60 years of age and have applied for any CPP pension to which they are entitled. While this does not result in any new entitlement, it does recognize that both partners have a right to an equal distribution of CPP retirement benefits to which they both contributed during their years together.

I-4 Study on New CPP Survivor Benefit Structure

Under the current CPP survivors' benefit structure, eligibility to and the amount of a surviving spouse's benefit is dependent on the spouse's age, disability or the presence of dependent children. For example, a surviving spouse under age 35 who is not disabled and/or has no dependent children is not entitled to a benefit. A surviving spouse between 35 and 45 years of age receives a reduced benefit if he/she is not disabled and/or has no dependent children. As noted in the Parliamentary Committee Report, Equality for All, these eligibility rules were "based on assumptions about the dependency of women that may no longer be valid and that are unfair on their face".

Throughout the pension debate, various proposals for reform have emerged but, to date, no consensus has been reached. Accordingly, during the consultations leading up to the proposed CPP amendments, it was agreed that further consideration be given to the appropriate role of the survivor's benefits in the CPP and, in particular, to address concerns that the present provisions discriminate on the basis of age. Accordingly, federal/provincial discussions are underway in an effort to reach a consensus on the nature of changes required to ensure that CPP survivors benefit structure responds to the changing needs of survivors.

As soon as agreement is reached with the provinces on the approach to be pursued, the Government will be in a position to notify Parliament as to the nature of the changes being contemplated.

I-5 Homemaker's Pension

The Government recognizes that many spouses who work in the home, the vast majority of whom are women, face serious financial difficulties in their retirement years. Numerous proposals have been put forward, including the possibility of covering homemakers under the CPP. Not surprisingly, given the complexity of this issue, no one solution has received unanimous support. The federal government has recommended to the provinces that a homemaker pension be included in the CPP.

On December 13, 1985, the federal Minister of Finance reached a provisional understanding with Provincial Finance Ministers to undertake a joint study on the question of retirement income for homemakers. This study now well underway is conducted by a Working Group, chaired by the Department of National Health and Welfare, under the general direction of the CPP Sub-Committee of Officials on Economic and Fiscal Matters.

During these discussions, questions of equity, cost and other related issues will be addressed so that the necessary steps can be taken to establish a homemaker pension. It is hoped that a final report will be completed for submission to responsible federal/provincial Ministers by the summer of 1987.

The joint homemaker study will examine how best to recognize the importance of work done in the home, ensure that all women can look forward to their retirement years without fear about their financial security and address the complex problems of equity and cost that remain to be resolved. A report is expected by July 1987.

II SUPPORT SERVICES TO ASSIST FAMILIES AND INDIVIDUALS

II-1 Special Committee on Child Care

In November 1985, the Minister of National Health and Welfare the Honourable Jake Epp announced the establishment of a Special Committee to study the complex issue of child care in Canada. The Special Committee was mandated to examine and to report on the future directions of child care in the context of the changing needs of Canadian families by means of research and public hearings across Canada.

The key issues facing the Special Committee were described by the Minister as follows:

"The requirements of children for care in parental or non-parental arrangements and the preferences of parents in this regard;

The role of the federal government in child care in light of the shared responsibility for child care among parents, the private sector, the voluntary sector, and governments;

Alternatives for future action by the federal government. The alternatives proposed should take into account factors such as:

(a) The special circumstances of various families including, although not exclusively, such factors as: marital status of parents, and economic circumstances of families, location, cultural background, disability of parent(s) or child.

(b) The financial implications for the government of any initiatives which may be proposed including tax measures or other fiscal arrangements."

II-2 Child Care - Consultation and Cost-Sharing with Provinces and Territories

Under the Canada Assistance Plan (CAP), the federal government shares the costs to the provinces and territories of providing day care services provided to persons in need as well as persons likely to become in need (as determined by an income test). In 1985-1986, CAP provided $105 million to the provinces and territories with respect to day care costs.

II-3 Social Services - Promotion and Dissemination of Effective Measures

Various units within the Social Service Programs Branch (Social Services Development Division) enable the government to address a number of social issues:

National Day Care Information Centre

Provinces, day care associations, and other interested groups and individuals continue to actively seek out the National Day Care Information Centre for

consultation and information. In addition to areas that have been of ongoing concern, such as certification of day care staff, specific needs of infant day care, and employer-supported day care, there was much consultation and discussion on liability insurance, ways of minimizing child abuse in day care, the non-profit versus profit issues.

Collaboration and support to the two national day care associations, the Canadian Day Care Advocacy Association and the Canadian Child Day Care Federation, were provided on an ongoing basis.

In addition to the publication and distribution of the annual report, Status of Day Care in Canada, 1985, other documents on day care were prepared.

The Centre co-hosted the annual meeting of Federal/Provincial Directors of Day Care, held in Whitehorse in June 1986.

As a result of the establishment of this Special Committee, heavy demands have been made upon the National Day Care Information Centre. Members of the Special Committee, researchers working for the Special Committee and agencies preparing briefs to the Special Committee have all sought access to the information available in the Centre.

Adoption Desk

This unit provided the provinces with information, coordinative and consultative services in the areas of international and interprovincial adoptions. During the year, 125 orphan children were placed for adoption with Canadian families through the services of the Adoption Desk. Twenty-three children from other countries were also adopted by relatives residing in Canada. At the end of the year, the Adoption Desk had a total of approximately 660 active cases of international orphan and relative adoptions. Twenty Canadian children who have special needs and for whom homes were not available in their own provinces also found permanent families through the work of the Adoption Desk.

Disabled Persons Unit

This unit focuses on the needs of persons with disabilities and actively encourages improved services to disabled persons, greater independence and alternatives to institutionalization.

II-4 Equality - Review of CAP Guidelines

In conjunction with the coming into force of Section 15 of the Charter of Rights and Freedom in Canada's Constitution, the Canada Assistance Plan legislation, regulations and guidelines were reviewed to ensure that they were in harmony with the Charter.

The Parliamentary Committee on Equality Rights in its report "Equality for All" noted no concerns with respect to CAP.

II-5 Equality - Support Publications to Disseminate Positive Information on Target Groups Such as Women, the Elderly and the Disabled

Social Service Programs Branch publications promote the interests of, and an improvement in the quality of services to, specific target populations. Examples of publications and other media produced in 1985-1986 either by the Branch or with financial support from the Branch include the following:

- Film on deinstitutionalization of disabled persons.
- Newsletter (Vis-à-Vis) promoting improved services and information sharing related to family violence.
- National newsletter for self-help groups.
- Adoption Desk bulletin promoting interprovincial and international adoption of children, many of whom are considered special needs children.
- Promotional material for the New Horizons program urging the involvement of senior citizens in various worthwhile activities.

A list of Health and Welfare Canada publications is contained in Publications, Spring 1986, available from Communications Directorate, Health and Welfare Canada, Ottawa, K1A 0K9.

II-6 Humanizing Homes for Special Care

Under CAP the federal government shares the costs to the provinces and territories of providing care in a wide range of homes for special care such as nursing homes, shelters for battered women and their children, group homes for mentally handicapped persons, etc. CAP also shares in the costs of a wide range of services that assist in moving persons from institutional settings to community living.

Recent initiatives in this area include the acceptance of a modified and much simplified needs test for persons requiring assistance in an emergency shelter such as a transition home.

II-7 Social Housing

Under CAP the federal government shares the cost to the provinces and territories of providing assistance to needy persons. This assistance enables persons in need to meet their basic requirements such as food, shelter and clothing.

In addition Canada Mortgage and Housing Corporation, (CMHC) and a number of provinces offer subsidized housing to target populations such as low income families, senior citizens and disabled persons. Efforts to ensure greater harmonization of these programs with Provincial social assistance benefits supported under CAP are underway.

II-8 Economic Self-Sufficiency

On September 18, 1985 the Minister of National Health and Welfare together with the Minister of Employment and Immigration and provincial and territorial ministers of social services reached an historic agreement on a seven point strategy to help social assistance recipients achieve greater self-sufficiency. Key elements of this strategy include:

- Establishment of target participation levels for social assistance recipients in programs under the Canadian Jobs Strategy.
- Changes to CAP Guidelines to enable provinces to encourage recipients to participate in training programs and employment.
- Expanded opportunities for recipients within the Canadian Jobs Strategy and similar provincial programs.

Negotiations are underway with the provinces and territories to achieve specific agreements. As of July 31, 1986 agreements had been reached with the provinces of Saskatchewan and British Columbia.

These initiatives are expected to be of particular benefit to sole support mothers currently relying on social assistance.

III FAMILY VIOLENCE, VIOLENCE AGAINST WOMEN AND CHILDREN

III-1 Information Collection, Dissemination and Development of Family Violence Protocols

The National Clearinghouse on Family Violence was established in 1982 in accordance with the 1979 National Plan of Action on the Status of Women. On average, the unit receives 500 requests per month and sends out over 4000 pieces of information monthly. The program also distributes a range of materials including information kits, manuals, reports and training materials.

Jointly with the National Film Board, the Clearinghouse continues to sponsor the family violence film collection and has added a three-part film series on battered women entitled "The Next Step". Over the course of this year, the Canadian Council on Social Development took over from the Clearinghouse the responsibility of publishing the quarterly newsletter Vis-à-vis on behalf of the Department.

The professional services of the consultants on staff include overseeing an enquiry-response service on statistics, literature, policies, etc. relating to family violence, representing the department on task forces and committees, conducting workshops and providing consultation to professionals and government officials. Special initiatives in this past year have included a follow-up study on battered women and their children once they have left transition houses. In the spring, the federal government was invited to attend a meeting of provincial government representatives working in the area of wife assault.

III-2 Consultation with Provinces and Territories on Family Violence

Under the Canada Assistance Plan (CAP), the federal government shares the costs to the provinces and territories of providing a range of assistance and services to families victimized by wife assault and child abuse. CAP shares costs related to operating transition homes for battered women and their children as well as the provision of counselling, information and referral services and day care. It is not possible to isolate the costs for such programs within CAP payments to the provinces and territories.

III-3 Family Violence Research

During 1985-1986 the National Welfare Grants program continued to support research and demonstration projects intended to improve services for women, particularly those victimized by family violence. A total of 10 projects were funded during the year, many of which are long term projects over a five-year period. Total costs for these projects in 1985-1986 were $292,054. The following list provides more information on these projects:

Selected Projects on Women's Issues
1985-1986

Number	Title	Funding in 1985-1986
4558-32-2	A review of a Second Stage Shelter for Battered Women and Their Families. Calgary, Alberta.	$ 37,869
4555-55-8	Adolescent Pregnancy Project. Hamilton, Ontario.	3,250
4554-35-27	Modèle d'intervention auprès de femmes battues: application et évaluation. Montréal, Québec.	57,642
4552-20-7	A proposal for a Follow-Up to Vulnerable Mothers, Vulnerable Children. Halifax, Nova Scotia.	11,500
4559-1-63	"An Integrated Model for Sexually Abused Children and for Mothers" - Developmental Phase. Vancouver, British Columbia.	63,429
4559-1-57	Women's Self-Help and Advocacy Network. Courtenay, British Columbia.	4,121
4556-12	An Intervention for Women who were Sexually Victimized in Childhood or Adolescence. Winnipeg, Manitoba.	85,919
4555-1-94	London Battered Women's Advocacy Clinic. London, Ontario.	9,824
4569-1-208	Domestic Violence Protocol Manual: A Guide for Social Workers in Health Care Facilities. Winnipeg, Manitoba.	8,500
4569-1-225	Strategies Colloquium on Women's Education and Training in Canada. Toronto, Ontario	10,000
		$292,054

III-4 Interdisciplinary Cooperation

The Divorce Counselling and Family Affairs Unit of the Social Service Programs Branch continued its program of sponsoring workshops in areas related to the prevention of family breakdown, conciliation and mediation services, the protection of the interests of children in separation and divorce, interdisciplinary cooperation and other related matters. In addition, the unit continued to disseminate the pamphlet entitled "Effective Step-parenting" and a bibliography on "Mediation and Divorce". The bibliography was prepared with the needs of practicing professionals in mind while the pamphlet on step-parenting is directed to the general public, more specifically to the reconstituted family.

The use of the film entitled "Coming Apart", which was co-funded by the unit continues to be in demand. The film, used as both a training tool for professionals and as a public education tool focuses on custody mediation leading to shared parenting on divorce. With the revised Divorce Act (1986) which includes a provision on mediation and emphasizes the protection of the rights of children, this film is very timely.

III-5 Pornography/Prostitution/Child Sexual Abuse

In follow-up to the release of the Badgley Report (Sexual Offences Against Children and Youths, 1984) and the Fraser Report (Prostitution and Pornography in Canada, 1985), the Minister of Health and Welfare announced that the Department would undertake a number of social and educational initiatives in the area of child sexual abuse. The intention to create a Special Advisor to the Minister and support Secretariat was also announced.

III-6 Victims of Violence

The Mental Health Division, with strong community support, convened three workshops in the central and western regions of Canada. Highlights from these events are currently being prepared for publication and early distribution. The Victims of Violence Contribution Program received more than 100 project submissions from across Canada. Funding was provided to six projects.

IV SUPPORT FOR VOLUNTARY AND WOMEN'S ORGANIZATIONS

IV-1 National Welfare Grants - Review of Priorities and Criteria

The National Welfare Grants contribution program provides support to research and demonstration projects and human resource development activities in order to foster improvement in the quality and availability of social services for Canadians, particularly the disadvantaged. In addition to those projects cited in Section III-3 of this report, the program funds a range of projects which will directly or indirectly benefit Canadian women, for example projects related to day care services.

The program also administers National Welfare Fellowships for doctoral work related to social services. In 1985-1986, 12 of 16 recipients of this prestigious award were women. Program data indicates a consistent upward trend in the number of women applying and successfully competing for these awards.

IV-2 Health Promotion Contribution Program

A report on this program for the period under review is contained in Appendix II.

IV-3 National Voluntary Social Service Organizations (Sustaining Grants)

The National Voluntary Social Service Organizations Program provided sustaining grants totalling $3.3 million to assist 28 national voluntary social service organizations in meeting their basic operating costs and carrying out national activities. Many of the recipients of these grants have a particular focus on issues of concern to women. Examples include:

- Boys and Girls Clubs of Canada
- Canadian Association on Gerontology
- Canadian Council on Homemaker Services
- Family Service Canada
- Canadian Council on Social Development
- National Anti-Poverty Organization
- Young Women's Christian Association

IV-4 National Voluntary Health Organizations (Sustaining Grants)

The National Voluntary Health Organizations Program provided sustaining grants totalling $2,812,20 to assist 51 national voluntary health organizations in meeting their basic operating costs and carrying out national activities. Many of the recipients of these grants have a particular focus on issues of concern to women. Examples include:

- Canadian Institute of Child Health
- DES Action/Canada
- La Leche League of Canada
- Osteoporosis Society of Canada
- Planned Parenthood Federation of Canada
- Serena Canada
- Alzheimer Society of Canada

IV-5 New Horizons Program

New Horizons is continuing to provide opportunities for older retired Canadians to plan, operate and participate in meaningful activities of their own choosing which prove beneficial to themselves and their community. In 1985-1986, the program funded 1903 projects at a cost of $11.9 million involving more than 215 000 older Canadians.

The target population of this program comprises older retired Canadians, most of whom are over 65 years of age. This group will continue to increase more rapidly than most other population groups. In a 1982 study by Statistics Canada of a sample of projects funded, the number of women who were reported as project participants exceeded the number of men by a ratio of 3:2. This trend is expected to continue.

Women participate in nearly all of the more than 300 different types of activities which New Horizons funds. Some projects are organized by women specifically to help other women who have special problems. There are, for example, groups who lend emotional support for widowed and single women.

Women are also active, often in executive capacities, at the regional, provincial and national levels of senior citizens' associations which advise government on matters which affect the elderly.

Through their own efforts, and by the example of their successes, older retired Canadians develop new roles for themselves and demonstrate to the public at large their continuing ability to be contributing and vital members of their communities. Women are very much involved in this raising of public consciousness of the later years.

IV-6 Canada Volunteer Award and the Thérèse Casgrain Award

The Canada Volunteer Award was established in 1977 (it was then called the Lifestyle Award) by the Department of National Health and Welfare to recognize and encourage those Canadians who volunteer their time, talents and efforts to improve the health and social services in their community.

The Award is presented annually by the Minister of National Health and Welfare on behalf of all Canadians to acknowledge outstanding contributions at the community level. To date, almost 400 Canadians have been honoured by the Minister.

This year, the recipients chosen by a National Selection Commiteee were: Maida Duncan (Vancouver), Kathleen Mary Enemark (Prince George), John Bede Harrison (Richmond), Marion Frances Hurd (Cranbrook), Connie Scanks (Kamloops), Dr. Robert Denis Bramwell (Calgary), Joyce Graham (Calgary), Audrey M. Greenough (Edmonton), Syd H. Grimsley (Calgary), Jonina Male (Saskatoon), B. Stuart Parker (Winnipeg), Jean Ackmatowicz (Ashburn), Bonnie and Fred Cappuccino (Maxville), Marcelle Dubeau (Ottawa), Una Golding (Peterborough), Dr. James Angus McSherry (Kingston), Soeur Pearl Berg (Trois-Rivières), Lise B. Boisvert (Saint-Basile-le-Grand), Paul A. Chaput (Québec), Albert M. Goldfinch (Montreal), Georgette Laberge (Beauharnois), Florian (Bob) Langevin (Montreal), Bertha S. Okun (Montreal), Rolande Pelletier (Chicoutimi), Colette Samson (Québec), Helen Isabella Orchard (Saint-John), Clara J. Michelin (Windsor), Patricia Helen Morrison (York), Peter Beilby (Mount Pearl), Dr. Norah Christine Browne (St. John's).

Certificates of Merit were also presented to 71 recipients for their remarkable contribution to health and social services. Presentation ceremonies were held at the local level by their Member of Parliament and sponsoring organization.

The Thérèse Casgrain Award was established in 1982 to perpetuate the memory of the late Senator Thérèse Casgrain. It is presented annually to outstanding Canadians whose avant-garde spirit, social commitment and persistent endeavours have contributed significantly to the advancement of a social cause and the well-being of their fellow citizens.

On February 14, 1986, the Honourable Jake Epp, Minister of National Health and Welfare, announced that Lila Rose (Jo) Dickey of Vancouver and Claude Brunet and Claude Saint-Jean of Montreal had been chosen as recipients of the Thérèse Casgrain Award.

Each recipient received a medallion bearing a likeness of the late Senator as well as a cash gift to be donated to the charitable organization of their choice.

Thérèse Casgrain, a native of Montreal, was the force behind various social reforms in Canada to promote justice and equality. She was involved in a number of provincial national and international organizations and was one of the pioneers in the women's rights movement in Canada. Throughout her life she chose to defend the cause of disadvantaged members of society, to denounce social injustice and to lend a voice to those who had none. Senator Casgrain worked throughout her life for national unity. She died on November 3, 1981.

V FAMILY HEALTH

V-1 Child Health Record

The evaluation of the use of the Child Health Record in Armed Forces families has been completed. The report with the recommendations is being forwarded to the Surgeon General. The evaluation of the record's use in some regions of three provinces and by families of members of the Department of External Affairs is proceeding.

V-2 Breast Feeding Kit

The Hospital Breast-feeding Kit, released in March 1985, has been reprinted due to demand. "Feeding Babies" a national counselling guide co-authored by the Canadian Paediatric Society was sent to all family physicians and public health nurses in March 1986. Preliminary evaluation indicates a high degree of satisfaction with the guide by the users.

Canada has strongly supported the WHO/UNICEF International Code of Marketing of Breast-Milk Substitutes since 1981. In May 1986 the Minister issued a news release in which he reviewed Canadian efforts over the past five years to implement the Code. Despite the progress made in increasing the level of breast-feeding, the Minister noted that remaining concerns were the utilization of hospitals as marketing channels for the donation of formula samples and providing advertising literature in which some of the context could be misinterpreted by new mothers.

V-3 Strategic Plan for Healthy Family Functioning

A study of Canadian Family Health Needs was commissioned. The study was targetted to a select group of families, experts in the area of family health needs and agencies providing family related health services. In addition to the above, an intra-governmental symposium was convened, the long-term aim of such consultations being to increase the comprehensiveness and consistency of the approach to building on family strength.

These two activities will contribute to the development of the Unit's operational plans.

V-4 Resources Package (Post-Partum)

Following successful pilot testing, the Post-Partum Parent Support Program was recommended for national implementation. As a result of recommendations issued by a committee of experts, extensive revisions were initiated with respect to the resource materials. It is anticipated that plans for national implementation will be in effect toward the latter part of the fiscal year.

Two films related to parent support were also produced and distributed nationally. The first "Childbirth... the Changing Sounds" is designed for maternity hospital staff to encourage adoption of a "family-centred" philosophy of maternity and newborn care. The second, entitled "Start of a Lifetime" follows the growth and development of a baby from birth to 14 months of age. Its aim is to provide anticipatory guidance to parents and caregivers. Both films are available across Canada through the sponsor program of the National Film Board.

VI WOMEN'S HEALTH PROMOTION

VI-1 Women's Health

a. Consultation Workshop Depending on Ourselves

The National Consultation on Women and Drugs, organized and funded by the Health Promotion Directorate, took place from May 12-15, 1986 at Geneva Park YMCA Conference Centre, Orillia, Ontario. Almost 200 participants representing community agencies, federal and provincial governments attended the bilingual event. Women's use of alcohol, minor tranquillizers, anti-depressants and tobacco was discussed in a context that considered patterns of consumption, factors contributing to problem use and current program models to assist participants in identifying program options and strategies for their own communities. The focus of the Consultation was on education regarding use of these substances and the prevention of problem use.

Speakers and panellists reviewed the Canadian context, the relation of substance use to mental health, current data, successful program models, avenues for investigation and strategies for change. Workshops focussed on target groups and settings and specific topics related to prevention of problem drug abuse. An evaluation and Proceedings will be available in 1987.

b. Survey of Key Informants

A survey of key Canadian experts on women's health was undertaken as part of the Women's Health Strategy Project. The information collected will be used to develop strategies, policies and programs related to women's health for the Department. A total of 50 experts were selected from four kinds of settings: community, academic, government and medical system from all regions of Canada. Information was collected in a structured interview situation, using a consistent interview protocol developed by the project team. Questions covered the following topics: factors underlying women's health issues; key health issues and problems; important target groups; changes needed to improve women's health; existing health programs for women; and strategies for the federal government. A survey report prepared during the fall of 1986, and the strategy framework and program plan will be completed by March 1987.

c. Close-up on Health Exhibit

The exhibit consists of display panels and four computers. The main attraction of the display is the Close-Up on Health computer questionnaire. Users are asked questions regarding the following topics: smoking, nutrition, alcohol, drugs and safety. At the end, the user receives a print-out with a rating of his/her lifestyle habits varying from excellent to

hazardous. The exhibit travels across Canada and is on display in approximately 50 shopping malls annually. The questionnaire was developed for the general public and some questions are specifically designed for women.

d. Health Education Publications

1. Health Promotion Magazine

A special issue on women and health will be published for distribution in March 1987.

2. Campus Life Publication (Alcohol)

Student Life/Options is aimed at post-secondary students. It uses a humorous approach to discuss situations relating to moderation in drinking and focusses on the social context and environment. Distribution to campuses is planned for September 1986.

3. Fine Lines (Alcohol)

Fine Lines/Impression is a magazine aimed at working women aged 18 to 24, particularly white collar workers (sales clerks, office workers). It addresses moderation in drinking and will be distributed in December 1986 by personnel managers, addiction centres, regional offices and women's groups.

e. Tabloid

Close-Up on Health Newspaper Tabloid Supplement

This tabloid is a 16-page newspaper supplement containing approximately 20 articles relating to health promotion issues. The articles have been researched and written by staff of the Health Promotion Directorate. The topics were selected in consultation with both headquarters and regional office staff. Stories were developed with assistance from internal and external experts who have reviewed the editorial for accuracy. The topics selected to cover special women's issues were: osteoporosis, menopause, chlamydia, and breast self-examination. The tabloid was sent to French and English daily and weekly newspapers across Canada starting as of May 1986. Interested newspapers print the tabloid locally as a whole or extract articles from it.

f. Aging

In 1983 the Health Promotion Directorate identified the Older Adults Component. In January 1984 the "Proposal for Preparation of the Strategy Development" outlined three main phases to include the preparation of a summary on normal aging, a National Focus Group Study and preparation of a strategy. The Reports, which address issues pertinent to aging and women, are now available.

VI-2 Mental Health

See Introduction.

VI-3 Alcohol

Alcohol Use During Pregnancy

The need for a Department position statement on alcohol use during pregnancy was identified by the Women's Health Committee. A preliminary paper on the issue, which had been prepared by the Committee previously, was updated and expanded on contract. A final report looking at biomedical as well as social aspects of the question was prepared as a background document for future policy development.

VI-4 Drugs

"It's Just Your Nerves"

The educational resource "It's Just Your Nerves" continued to be popular and to be used by community groups and agencies throughout the country. This resource encourages women to explore and discuss facts and myths surrounding alcohol use and the prescribing of minor tranquillizers. The regional offices continued to actively promote "It's Just Your Nerves", to provide training sessions and workshops, and to disseminate information. Adaptation of the resource material for use in isolated northern Native settings was completed by Native women in the Northwest Territories under a grant from NNADAP.

VI-5 Smoking

A national program, encouraging Canadians especially young people to create a generation of non-smokers, was launched in collaboration with federal, provincial and territorial governments and national health NGOs, including the Canadian Council on Smoking and Health. A national steering committee was created to give direction and leadership to the national program.

VI-6 Nutrition

Nutrition in Pregnancy

The final draft of Nutrition in Pregnancy - National Guidelines which was completed following extensive reviews has been approved by the Subcommittee on Nutrition and the Advisory Committee on Community Health. The Guidelines provide a national perspective on the management of prenatal nutrition for the dissemination of accurate and consistent recommendations regarding major nutrition-related issues. The document was endorsed by The Canadian Dietetic Association, Canadian Institute of Child Health, Canadian Cerebral Palsy Association, Canadian Nurses Association and Society of Obstetricians and

Gynaecologists of Canada. Production has been initiated with an anticipated release date of January 1987. A shared federal-provincial distribution of the Guidelines to identified health professionals, associations and institutions has been planned.

Nutrition Labelling

The establishment of a voluntary nutrition labelling scheme for food products is being proposed. The use of this scheme will inform consumers about the nutritional value of foods and serve as a tool in nutrition education programs. Although this initiative is not specifically directed at women, efforts to increase the availability of nutrition information at the point of purchase are supportive of strategies for promoting women's health. Revised proposals for a voluntary nutrition labelling scheme (Information Letter no. 713) were issued, taking account of responses to earlier proposals (Information Letter no. 641) and the recommendations of a multi-sectorial working group.

Infant Formula

Revised procedures will be developed for the control and safety of infant formulas. Pre-market notification will be required for new products. Consultations have been carried out with manufacturers of infant formulas.

VII WOMEN'S HEALTH RESEARCH

VII-1 Symposium on Changing Patterns of Health and Disease

A national symposium to highlight women's health from an epidemiological perspective is planned for spring 1988. The objective is to provide a forum for participants to share baseline information on the health status and concerns of women in Canada. Proceedings will be published.

VII-2 Mental Health

A report on Sex and Gender Differences in Mental Health Morbidity, which examines some of the relevant Canadian literature, has now been completed. It is being used as a departmental health resource document, and will serve to inform the formulation of mental health policy where appropriate.

VII-3 Lung Cancer and Smoking

An assessment of cancer patterns in Canada was completed and published in the February 1, 1986 edition of the Canadian Medical Association Journal. Lung and breast cancers are respectively the leading causes of premature death due to cancer among men and women. The overall rates of death from cancer among women declined by 12% from 1951 to 1976 and increased from 1976 to 1983 particularly among those aged 55 to 74. The rising rates of death due to lung cancer were primarily responsible for the increases. Lung cancer, the main form of cancer caused by smoking, will likely displace breast cancer as the leading cancer killer of Canadian women by 1990. It is clear that cancers caused by smoking could be controlled far more effectively through reduction of smoking rather than improvement of therapy. Further assessment and publication is scheduled for late 1986.

The project for lung cancer and smoking has been completed. An epidemiological research report will be published in December of 1986 in comparing with the CDIC announcement. In this report, it discussed the life expectancy reduced by smoking, the potential years of life lost due to smoking and predict the future mortality change due to the change in smoking exposure levels. This report may be used to set priorities on health promotion policies and health education programs.

VII-4 Cardiovascular Disease

The cardiovascular disease project has been completed. A government report will be published within the year of 1986. In this report, the cardiovascular diseases, as well as the cerebrovascular diseases time trend will be reported. The disease pattern will be discussed in relation to the socio-economic status and health care variable. This is a joint publication of Health and Welfare and Statistics Canada.

VII-5 Diet and Cancer

Dietary Factors Relating to Breast and Colon Cancer in Canadian Females

This study proposes to use the Nutrition Survey Mortality Linkage File to determine the effect of dietary fat, dietary fibre, vitamin supplements and other risk factors on female breast cancer and colon cancer. A case control approach will be applied to this survey follow-up cohort. It is expected that this study will be completed in October of 1987. An article will be submitted to a peer review journal.

VII-6 Breast Cancer

A female breast cancer project now in progress will study the time trend of female breast cancer and lung cancer from 1926-1984. The temporal pattern will be studied according to the variation of these two diseases. The statistical significance of the increase of these diseases will be reported. The point of inflection will be discussed in relation to the health care and socio-economic variables. A section of the discussion will deal with the breast cancer screening program. The expected completion date is December 1987.

VII-7 Mammary Implants

Measures intended to reduce the hazards associated with the implantation of mammary protheses are considered to be necessary. A task force has already been appointed with the intent of developing guidelines. The target date for the completion of these guidelines is 1987.

VII-8 Extramural Support - National Health Research and Development Program

See Appendix III for a report on this program for the period under review.

VIII REPRODUCTIVE HEALTH

VIII-1 Adolescent Sexuality

A strategic plan of action based on research, the results of a cross-Canada survey and the recommendations of a national expert group has been prepared. The theme of the proposed program is promotion of healthy and responsible sexuality through better education and counselling and more appropriate and accessible health services.

VIII-2 Ovulation Monitors for Pregnancy

Ovulation monitors are presently sold over-the-counter and are not subject to regulatory controls. Work has begun on proposals to subject these devices to the Medical Devices Regulations in order to ensure safety and reliability. The target date for regulatory application is 1988.

VIII-3 Pregnancy Kits

Pregnancy diagnostic kits are presently sold in Canada under the Medical Devices Regulations. However, specific labelling and performance standards to ensure safe and reliable usage have not been implemented. A workshop to discuss such standards is planned for 1987. This workshop is intended to obtain input of women's groups who would represent the interests of the users of such products. Following this workshop new proposals for regulatory controls would be published. The target date for having regulations in place is 1987-88.

VIII-4 Chemical Safety

a. Monitoring of PCBs in Human Milk

A national survey of polychlorinated biphenyls (PCBs) in Canadian women's breast milk was undertaken in 1981-1982. This study was completed recently. A total of 210 samples were analysed for PCBs (as Aroclor 1260). PCB residues were found in all breast milk samples albeit at very low levels. The mean residue level was 26 ng/g whole milk. Although this represented a numerical increase over the 1975 national average, in fact, it may actually reflect improved analytical sample collection techniques. Therefore, it will be necessary to monitor levels over a number of years so as to definitively establish any trends. To this end, another national survey has recently been initiated.

b. Study of Effects of PCBs on Reproduction and on Infant Behaviour

The objective of this study is to determine the effects associated with different body burdens of these environmental contaminants on reproduction and to assess their potential for producing immunological and behavioral deficits in the offspring. The four concentrations of PCB chosen for this study range from low exposure levels to concentrations which are considered to be several multiples above the highest concentration of PCB that may be ingested by the top five percentile of the human population.

c. Improvement of Methods to Evaluate Human Teratogenic Potential of Chemicals in Food Chain

Research continued in 1985-1986 to develop improved methods for evaluating the human teratogenic potential of substances. A model in vitro system was developed and in 1986-1987 its utility will be validated using some 60 chemicals.

A comprehensive review of scientific procedures to assess chemicals with respect to their ability to produce congenital malformations was undertaken with a view to refining such procedures.

VIII-5 Sexually Transmitted Diseases - Effect on Pregnancy

The Bureau of Communicable Disease Epidemiology in the Laboratory Centre for Disease Control (LCDC) continues to focus on sexually transmitted diseases (STDs) and associated complications affecting women and children.

a. Congenital Herpes Virus Infection

During 1985, there were 14 574 laboratory-identified herpes virus infections, 67% of these involved women. This infection can be troublesome for adults, but for infants who contract the disease during delivery it can be lethal. Those that survive are frequently left with severe neurological defects. The National Neonatal Herpes Virus Surveillance system was instituted in December 1985 in order to determine the magnitude of the problem, associated risk factors and efficacy of various treatment regimens.

b. Trends in Pelvic Inflammatory Disease

Genital chlamydial infection is the most common STD in Canada. It is often asymptomatic and undetected disease or delayed treatment can result in pelvic inflammatory disease (PID) leading to tubal scarring, ectopic pregnancy or infertility. Infants born to infected women may develop conjunctivitis or pneumonia. In 1985, 65% of all laboratory reports of chlamydial infection involved women. A national surveillance system has been established which will better define the true incidence and risk factors associated with chlamydial infection.

Between 1971 and 1982, there were over 160 000 hospitalizations for PID. During this time period there was an overall increase of 18%; age-specific analysis showed the greatest increase (66%) occurred in women 15-19 years. Almost half of all separations involved women 15-24 years of age. The data were presented at the World Congress on STDs and reprinted in the Canadian Medical Association Journal (CMAJ) 1986, Vol. 134:919-920.

c. Trends in Ectopic Pregnancy

Over 50% of ectopic pregnancies are related to a prior episode of PID. In 1982, one of every 91 pregnancies was ectopic, double the rate of 10 years earlier. Rates of ectopic pregnancies are increasing for all age groups including those 15-19. Presentations on the trends were made at the World Congress on STDs, Department of Obstetrics and Gynecology, Queen's University and reprinted in CMAJ 1986, Vol. 134:919-920.

d. Sexually Transmitted Disease in Children and Youth

In 1985, there were 70 reports of gonococcal infection in children under 16 years of age. STDs in prepubertal children are an indicator of sexual abuse. Acting on recommendation of the Badgley Report, LCDC has contacted treatment centres across Canada dealing with sexually abused children in order to establish the incidence of all STDs in abused children.

VIII-6 Labelling of Contraceptive Drugs

Contraceptive drugs include the oral hormonal contraceptives which are reported on in Section 7 below and the spermicides sold as nonprescription drugs. The report on Oral Contraceptives referred to in Section 7 contains comments on non-hormonal methods of contraception including spermicides. Also, the labelling of such products is reviewed, prior to marketing, to ensure compliance with the legislation as well as the provision of information necessary for the consumer to make an informed choice of product.

VIII-7 Periodic Post-Marketing Review of Oral Contraceptives and Review of Current Issues by Committee on Reproductive Physiology

The latest post-marketing review of oral contraceptives has been completed by the Special Advisory Committee on Reproductive Physiology. The 1985 Oral Contraceptive Report has been published. The report covers issues such as new dosage recommendations, the risks to smokers and older women, the latest research on oral contraceptives and cancer as well as non-hormonal contraceptive methods and relative effectiveness of various contraceptive methods. It also includes a proposal for updated package inserts and a detailed full disclosure patient instruction booklet for oral contraceptives.

VIII-8 Safety of New Drugs

The need to warn women of the consequences of using drugs inappropriately during pregnancy and lactation is becoming increasingly evident with the marketing of useful yet potentially hazardous drugs such as Accutane (Isotretinoin) which is potentially teratogenic and prostaglandins which are uterotropic. Thus, not only are appropriate warnings inserted in the Product Monographs intended for health professionals but special package inserts have been devised as part of the labelling to advise users directly of possible risks. Such inserts also stress the benefit/risk ratio of the product.

VIII-9 Vaginal Douches

Vaginal douches are subject to the requirements of the Food and Drugs Act and Regulations as either drugs or cosmetics, in terms of safety and efficacy. A project intended to review the labelling of douches for self-medication to help ensure safe and proper use is planned for 1987.

VIII-10 Reproductive Technology

The Senior Adviser Status of Women (SASW) maintained and expanded consultations within HWC as well as contacts with academics, health professionals, women's organizations and other health organizations on the current concerns of women related to reproductive health, including concerns about the new reproductive technologies and fertility control drugs. Reproductive technology was also one of the topics included in the SASW's consultation with provincial officials.

IX WOMEN'S OCCUPATIONAL AND ENVIRONMENTAL HEALTH

IX-1 Guidelines for Pregnant Workers

The Department of National Health and Welfare has been working with its provincial counterparts under the auspices of the Federal-Provincial Advisory Committee on Environmental and Occupational Health to develop occupational health guidelines for pregnant workers. A publication entitled The Pregnant Worker - A Resource Document for Health Professionals has now been published.

IX-2 Radiation Emitting Devices Regulations

Regulations or guidelines are required to ensure the safe use of radiation emitting devices including: x-ray equipment, ultrasound and sunlamps. As technology advances, revisions to existing regulations or guidelines also become advisable.

Regulations to ensure the safe use of sunlamps have been developed and were published in the Canada Gazette in August 1985.

Guidelines for the safe use of diagnostic ultrasound devices are being developed for distribution in 1987.

Updating of the Regulations as required by technological change is underway and expected to be completed in 1989.

IX-3 Monitoring Programs and Policy Development

The Senior Adviser Status of Women (SASW) continued to serve as an observer and attended the meeting at Montebello, Québec in October 1985 of the Federal/Provincial Advisory Committee on Environmental and Occupational Health. The SASW and an associate contributed a chapter on "Psychosocial Aspects" to the report The Pregnant Worker: A Resource Document for Health Professionals (published October 1986).

IX-4 Public Service Health

During the period under review, emphasis has been given to smoking cessation programs for the public service as well as indoor air pollution, office automation, ergonomic considerations and their health-related concerns.

Alberta Region

Most of the activity that relates specifically for women has been done on an individual basis. This includes counselling on subjects such as weight control and nutrition, marital problems, mental health problems, EAP referrals from work, special medical problems referred from work, video display terminals, safety and smoking cessation workshops.

A variety of brochures and booklets have been made available in various worksites.

The occupational health nurses have arranged for a speaker from the Cancer Society to present programs for women on breast self-examination and the importance of the PAP test. They also arranged for a speaker from WIN house (women in need) to discuss women's problems and facilities and resources available to them.

Manitoba Region

Under the national expansion scheme for Public Service Health, four new Occupational Health Nurses (OHN) came on staff in Manitoba Region in 1985. This allowed Special Services to offer, during the year, a realistic Occupational Health Program to all federal departments in the Region.

One of the new OHNs was based in Brandon to provide services to the area's Agricultural Research Station, to Riding Mountain National Park, to the Canadian Forces Base, Shilo, and to many other, smaller, federal establishments in Southwest Manitoba. Another nurse was based four days per week at Winnipeg's Taxation Data Centre, which contains the largest aggregation of Federal Employees in the Region; never fewer than 1100 at one time and a maximum of 2400 for the six-month peak season.

Later in the year, a significant amount of time was devoted to needs assessment, a requirement of the Branch. The purpose is to determine, over a two-year span, precise elements such as workplace hazards, location, and numbers exposed, in an attempt to determine accurately the resources required to provide a comprehensive Occupational Health Program.

All the new OHNs completed the Audiometric Technician Course during the year, and all are enrolled in the Occupational Health Nursing Course at Red River Community College.

During most of the year, the unit held day-long staff meetings monthly, with afternoons alternating between OHN/ Environmental Health Officer (EHO) group meetings and plenary continuing education. Programs included "Handling Conflict", "Policies in the Workplace", "CPR Training", previews of films for material to be used in health education presentations, and a field trip to Cadham Laboratory to observe lab safety procedures. Presentations to federal departments included a program on VDTs and a major thrust to encourage all client departments to provide Non-Smoking Workplaces.

Quebec Region

Specifically with regard to the health of women, information sessions on breast self-examination were conducted over the period concerned for female employees of Revenue Canada - Taxation in Montreal. A total of 232 women

attended these sessions. Other courses have been planned for the employees of Revenue Canada - Taxation in Jonquière and Employment and Immigration Canada for the fall of 1986.

A program on cervical cancer detection was also given, in co-operation with Cytologie Québec, in various departments, including Customs and Excise, Revenue Canada - Taxation in Montreal, Transport Canada at Mirabel, and departments in the Guy Favreau Complex. A total of 181 women attended the sessions. A number of them were referred for further testing in view of the results of the initial examination, hence the importance of continuing this program.

During the health week organized by the various departments in the Guy Favreau Complex, a day was specifically devoted to the effects of menopause on women. The topics dealt with included explanations of hormonal changes during menopause, physical and psychological changes, and sexuality. An information booth was also set up to provide material on this subject to the target clientele throughout the day. Income Security also took part in a program on menopause. Thirty-five women took part in the information sessions conducted by our nursing staff.

Other topics were addressed during the year with a view to promoting health among women. Nutrition was one of the subjects dealt with; emphasis was placed on women's obsession with being thin and the problems caused by popular practices that are often dangerous to their health. The nursing staff also took advantage of the anti-smoking campaign sponsored by our department to increase women's awareness of the dangers involved in smoking during pregnancy.

It should be pointed out that nursing staff members always pay special attention to pregnant women who come to the health unit. They provide one-on-one information sessions and nursing care if necessary.

The nursing staff is aware of the special needs of women, and emphasis is placed on their health in order to facilitate their integration into the workplace.

In the offices of Revenue Canada - Taxation (Jonquière and Shawinigan), where 65% of the employees are women, with an average age of 27, the emphasis is on counselling. In order to meet the needs expressed by these women, programs on stress, and other topics are currently being held in these centres. Over the past year, the nursing staff has also had to deal with problems relating to family violence (battered wives and incest).

Follow-up in the form of listening and support therapy was provided for these women as often as desired. They were referred to other community resources (centres for battered women, psychologists, employees assistance officers) when necessary. A great deal of material on this subject is always available in the information booths set up in strategic locations.

Yukon Region

Clinics and workshops provided by this area that are of special interest to women in the public service include stress management, weight management and breast self-examination.

Employment Assistance Program counselling is available to women from the Public Service Health nurses and current information on PMS, breast cancer, smoking and health and occupational health is available through the Public Service Health Office.

X PHYSICAL ACTIVITY AND SPORT

The major components are:

1. Women in Sport Policy Development
2. Women in Sport Policy Implementation
3. Women in Sport and Fitness Leadership
4. National Association Contributions Program: Sport Associations
5. Research Bibliography
6. Fitness Canada Target Groups

From August 1, 1985, to July 31, 1986, progress was made in the six initiative areas identified in the Plan of Action 1985-1990 as follows:

X-1 Women in Sport Policy Development

An initial draft of the Policy was prepared for review and discussion by an Advisory Group. The paper was then revised, reviewed by management and forwarded to the Minister's Office. By August 1986, it was in the final stages of preparation, and is expected to be released early in the fall of 1986.

X-2 Policy Implementation Planning and Delivery

A Women in Sport sector was set up within the Sport Canada Directorate, the planning for which is based on the implementation of the 13 policy statements in the policy paper. The initial draft of this sector plan was prepared and reviewed. A final version of this plan was scheduled for September 30, 1986 to coincide with the release and implementation of the Policy.

X-3 Women in Sport and Fitness Leadership (WSFL) Program

One of the statements in the Policy paper focusses on increasing opportunities for women as leaders - administrators, coaches, officials, etc. The rationale for this objective, as far as women's health is concerned, is that more females are likely to become involved in healthful fitness and sport activities if they perceive that the sport system is not as male-dominated as it has been. The impact of having more women coaches, in particular, is expected to have an encouraging effect.

From August 1985 to July 1986, the WSFL placed eight (8) women in sport administration positions in National Sport Organizations, and contributed to the salaries of three full-time women coaches. For the fall of 1986, two more women coach candidates will be identified, and assistance will be provided for women coaches attending the newly organized National Coaches Institute (NCI).

X-4 National Association Contributions Program

There are statements in the Policy related to improving opportunities for women to participate in sport at all levels from recreational to international elite competition. The importance of these objectives for women's health are both direct and indirect. With regard to increased opportunities to compete in community programs, the impact is direct, while the impact of the presence - and promotion - of Canadian women who are high achievers at the international level is indirect through the provision of role-models and the stimulation of interest.

The NACP seeks to encourage individual sport governing bodies by assisting the formation of Women's Committees to develop and implement plans for improving the rate of participation, and the status of women in their sport.

In 1985-1986, funds were provided to seven (7) single-sport organizations to support their planning activities for women or to assist in funding specific women's participation events; and to three (3) other National Sport Organizations, including the Canadian Association for the Advancement of Women and Sport (CAAW&S). CAAW&S is a national association committed to improving opportunities for women to participate in all forms of physical activity and sport.

X-5 Research

In 1985-1986, the Women's Program supported the preparation of "Women, Sport and Physical Activity: Research and Bibliography", a document that was reviewed and revised, based on the advice of an Advisory Committee of physicians, sociologists and feminist researchers. By August 1986, this document was in the final stages of preparation and editing for publication, scheduled to be on the market by the fall of 1986.

The sections of the Bibliography that should be of particular relevance to researchers concerned with women's health issues are:

4.0: Physiological Considerations

4.1: Physical Activity and General Health

4.2: Physical Activity over the Adult Life Cycle

4.3: Physical Activity and Nutrition

4.4: Body Composition and Skeletal System

4.5: Performance Capacity

4.6: Selected Aspects of Female Athletic Performance over the Life Cycle

4.7: Injuries

4.8: Disabled Athletes

5.0: Exercise and the Reproductive Function

5.1: Medical Practice and the Women's Health Movement

5.2: Menstrual Function

5.3: Pregnancy and Lactation

X-6 Fitness Canada Target Groups

In the winter of 1985, the Women's Program sponsored the development by the YWCA and the Canadian Red Cross of a poster/pamphlet and a leaders' manual on osteoporosis.

In the spring of 1985, projects were initiated through the Canadian Intramural Recreation Association on Older Women and Physical Activity; and on the Physical Activity needs of Female Youth. Both projects are being carried on this fall and winter.

In the fall of 1985, work was begun on a Needs Analysis for Disabled Women and Physical Activity, by support through the Canadian Federation of Sport Organizations for the Disabled. A research tool was developed for distribution in the fall of 1986, and a report is expected by the end of this fiscal year.

XI NATIVE WOMEN

XI-1 Promotion of Improved Health and Well-Being at Community Level

a. General Health

Quebec Region - Health Implications of Bill C-31

Following the application of Bill C-31, which gave native women the right to regain their Indian status, communications were maintained with the Native Women's Association of Quebec to inform them of the health services available to those affected by this legislation. Information was provided by telephone and other means to all those who requested it and an administrative structure has been set up to facilitate access to these services.

Pacific Region Health Programs

These include the following:

- Courses for Community Health Representative (CHR) trainees in parenting, personal growth for family members.
- Mental health workshops frequently given in the communities by Health Educators and Community Health Nurses (CHNs) on stress management, communication skills, parenting and coping skills.
- Community education events organized by native women. Program staff provide resource networking ideas on process design and guest facilitators for some events; i.e., CHNs, Health Educators and Nutritionists.
- Young women's support groups.
- Nutrition education.
- Smoking workshops.
- Support for voluntary and women's organizations as follows:
    - Regional Health Educator has been active in supporting voluntary women's self-help groups. A two-day module for starting self-help groups has been piloted.
    - Numerous contacts, consultation and resources provided to native women's organizations.
    - Close working relationships developed with native women's groups.

Ontario Region

Throughout the Ontario Region, Well Women Clinics were conducted. Topics covered included: Nutrition, Weight Control, Parenting, Pap Smears and Mental Health.

Women's Support Groups were formed in the communities in the Thunder Bay Zone, and many concerns were addressed. One Workshop dealt with the concerns of women, related to Bill C-31.

Manitoba Region

Six training workshops, including topics such as lifestyle improvement, career choice, and teaching skills, were conducted during 1985. Development of healthy lifestyles was emphasized during Hospital Days and Career Days at both MSB hospitals; health careers media programming was also carried out.

Both North and South Zone published a monthly newsletter on health matters during 1985, and a quarterly newsletter - "Health Beat" - was published in Region by a representative editorial committee.

Yukon Region

The majority of community health units have organized breast self-examination clinics. In many communities, the nurse participates as a resource person in women's weight control groups and "network support" groups for women affected by psychological, sociological or alcohol related problems.

The majority of senior citizens in the Yukon are women, and all community health units provide programs such as home visiting, foot care clinics, counselling services, etc. to seniors.

All Community Health Nurses act as referral agents providing information to all clients on other services available to assist them with health related and other problems.

Whitehorse General Hospital

The chairperson and five other members of the Hospital Advisory Board of Whitehorse General Hospital (WGH) are women.

Job sharing in WGH continues with 24 members of the nursing staff involved. This program allows them to pursue their careers with the flexibility to spend time with their families.

In the area of obstetrics, the continued use of the birthing bed has led to the development of plans for a birthing room.

All of the activities mentioned in previous reports are continuing. The Executive Director, Hospital Administrative Officer and Assistant Director of Nursing of WGH are all women and six women sit as voting members of the Hospital Advisory Board.

In promotion of native women in health careers, WGH provided two graduates of the Blue Quills Nursing Program with developmental clinical assignment.

As in the case with many hospitals, the majority of the staff of WGH are women. Occupational and environmental health hazards are monitored. The potential hazard to women of child bearing years from trace gases in Operating Rooms had been investigated in WGH, and continues to be monitored. Because of the potential hazard, one staff member working in this area transferred to another ward. WGH has one active Employee Assistance Program, providing support to many female staff.

New initiatives in patient care include sleeping space provided to spouses of hospitalized critically ill or dying patients.

The pediatrics ward also allows handicapped children cared for at home to be admitted to enable the parents to have respite.

b. Nutrition

Manitoba Region

Throughout the year, the Nutrition Program emphasized breast-feeding through media publicity, publication and audio-visual aids. Nurses were involved in the implementation of the Infant Nutrition Records, which is part of the National database on breast-feeding.

Northwest Territories Region

A study has been conducted over the past year in Broughton Island regarding PCB contamination of the environment and of foods which have been associated with reproductive failure and adverse consequences for infants and children. Results of the study will be available before the end of 1986.

Projects to promote nutrition included:

Production of Infant Nutrition publications relevant to the native population.

Evaluation of a MSB publication entitled "Coming to Life". This publication deals with nutrition during pregnancy.

Evaluation of a nutrition video series dealing with:

a) infant nutrition;

b) nutrition during pregnancy;

c) buying food for your family.

Evaluation of a manual entitled N.W.T. Day Care Services. This manual was prepared to ensure good nutrition and proper food handling in N.W.T. day care centres.

Quebec Region

The regional nutritionist, in co-operation with the nutrition department of the University of Montreal, conducted a study on obesity in school children and eating habits among Quebec's two Indian nations. Of the children measured and weighed, every tenth child was asked to reply to a questionnaire on his or her eating habits and preferences. The mothers of these children were also weighed and measured and asked about the feeding of their children since birth, in order to determine whether the children had acquired eating habits which might contribute to obesity.

In this Region, one of the most popular activities is the exercise and weight control sessions organized in a number of communities at the request of women.

Yukon Region

Nutrition counselling on an inpatient and outpatient basis is available to women in Whitehorse from the Regional Nutritionists. In the communities the Community Health Nurses act as resource persons. Special attention is given to maternal nutrition, nutrition of the aging and current nutrition related topics such as osteoporosis.

c. Parenting Skills

Ontario Region

Prenatal classes continued in all major Indian communities throughout the Region. Parent Effectiveness Training Sessions were also provided.

Yukon Region

Parenting classes held in Whitehorse and Watson Lake Health Centre received a good response during the past year.

d. Sex Education

Ontario Region

At Moose Factory communities, a number of sessions on Family Planning were arranged and provided to classes of adolescent girls.

Quebec Region

Family planning information and education is provided on an individual and group basis in agreement with local authorities and at the request of members of the community. Education for adolescents has been provided in some communities at the request of parents, who are consulted on the content of the program to ensure that the native culture is respected.

e. Maternal and Child Health

Yukon Region

Every community health unit in Yukon offers routine programs assisting primarily women and children, including:

- Prenatal classes, counselling and home visiting. At Whitehorse Health Centre, special prenatal classes are given for single teenaged mothers.

- Post-natal programs follow-up with the mother and baby on discharge from the hospital and continue until the mother is competent and comfortable in handling the infant, while the nurse is available for any problems encountered. Several communities have initiated classes in newborn care for new mothers.

- Regular "well child" clinics, where growth and development are assessed, immunization is kept up-to-date and child health counselling is done.

Quebec Region

Special attention is paid to pregnant teenagers to help them have a safe and healthy pregnancy and prepare them for the birth of their child. Meetings are held with various representatives of the community concerned when the problem to be resolved is outside the nursing field.

Alberta Region

As reported last year, prenatal classes in group sessions or individual counselling are continuing to be held. Topics discussed are labour and delivery, prenatal care, care of infants, infant feeding, prenatal exercises, etc. Well Baby Clinics are held to offer support to mothers in parenting skills. Group sessions are held with adults and students on topics such as sexually transmitted disease, birth control and parenting.

Saskatchewan Region

Programs such as breastfeeding continue to be promoted in this Region. The Regional Nutritionist prepared and distributed educational pamphlets to publicize breastfeeding. Prenatal, Perinatal and Maternal and Child Care Programs have also been continually promoted on reserves.

Manitoba Region

Collaboration occurred with the Provincial Nursing Consultant on a program to promote improved post-natal care immediately following delivery to two months post-partum. This program is a direct by-product of the Maternal and Child Task Force findings of the previous years.

f. Family Violence

Saskatchewan Region

Community workshops given by nurses have increasingly focused on abuse of women and children, to allow Indian women to become more aware of their rights and choices.

Manitoba Region

The nursing staff on reserves were all involved in Child Care Commitees for the placement and protection of neglected or abused children. The nurses are members of the local committee, at the invitation of the Chairman of the Committee.

Northwest Territories Region

Activities related to family violence include:

There is an interagency committee at senior and local levels, including RCMP, Department of Justice, Department of Health, Department of Education, Medical Services Branch, etc., to deal with these issues;

Medical Services is developing and assisting the Government of the NWT with newsletters, posters, etc. These are distributed to all communities, nursing stations, Department of Social Services, Department of Education, and any interested support and women's groups;

Workshop interest is encouraged in Spousal Assault and Family Violence at Zone Nursing conferences (three conferences during this past year included this topic);

Family Life Educators employed with the Department of Health are provided an orientation and introduction to new communities, inservices, etc.;

Staff members participate on a medical/legal committee to develop guidelines for dealing with various aspects of family and violence;

There is collaboration with the RCMP and Government of the NWT to ensure sexual assault kits are located in all nursing stations, health centres and hospitals in the NWT.

Quebec Region

Violence toward women and family violence are seen as linked to alcohol and drug abuse, as in the non-native population. MSB employees have teamed up with social workers in various communities, to find short- and medium-term solutions for the victims and their families and to make women and other community members aware of this problem and of the maximum sentence for assault under the Criminal Code of Canada. There is still a great deal of work to be done in this respect in the native communities; Quebecers are just beginning to talk about this problem. Efforts ensure that the culture of the communities served is respected. In the case of a neglected child, the procedure to be followed was explained to those responsible.

Pacific Region

Activities related to family violence include:

- Resource Teaching Kits have been designed to include professional readings, workshop designs, films and handouts. The kits are designed as informational sessions on wife abuse and violence.
- Community based workshops on battered women, family violence.
- Counselling services of a psychologist.
- Sexual abuse prevention programs.
- Family life support groups.

- Numerous professional contacts with native treatment centres, communities and native organizations.

Ontario Region

Throughout the year in the Ontario Region, one of the dominating themes has been family violence. A number of activities, carried out by nurses, CHRs, NNADAP, Mental Health Workers and Self-Help Groups were developed to support victims of family violence, particularly women:

- A major Native Workshop will be held in Sudbury to address the problem of Family Violence.

- At Saine River a workshop on Battered Women was held.

Yukon Region

Workshops on assault and family violence were provided as training to the staff of the Women's Transition Home, and as information to the Annual Women's Conference and the Victims of Crime Compensation Board.

The staff of both the emergency and pediatrics ward have received educational sessions in the area of child abuse. Liaison is maintained with the Department of Human Resources and Community Health Nurses to identify children at risk.

A Public-Legal information package on assault on women, prepared by an interagency committee chaired by Mental Health Services (MHS) was completed and distributed throughout the Territory. In conjunction with the Human Resources Branch of the Government of Yukon, M.H.S. offers an ongoing support group for battered women and women abused sexually as children, and a treatment program for batterers.

g. Mental Health

Alberta Region

Communities are continuing to have workshops in Project Charlie. This program assists students to develop strong self-esteem and helps in making choices for a healthy lifestyle. Workshops in alcohol and drug abuse were held in school and community locations to help communities approach these problems.

Yukon Region

Programs to assist women involved in and concerned with Family violence/crisis were a major thrust for Mental Health Services in 1985 and 1986. The staff of the unit participated in the Ad Hoc Committee

on Family Violence to examine the ways of improving treatment and support services to victims, offenders and their families. The Community Programs Psychologist was seconded to chair the Yukon Task Force on Family Violence.

A second stage therapeutic group for women leaving abuse relationships was co-led by the staff, as well as an anger management program offered for assaultive husbands, and a program for the mothers of sexually abused children was developed. A 'Survivors Group' for women sexually molested as children was also provided.

Mental Health Services developed a training module for parents, particularly mothers, to assist in management of the non-compliant child.

In addition, support is provided to various private organizations serving women (Victoria Faulkner Women's Centre, Kaushees Place (Transition Home) and Crossroads Treatment Centre). Several staff members made presentations at the Annual Women's Conference and talks and workshops on various mental health topics are presented by the staff to outlying communities. In many cases the audiences are largely or exclusively women.

h. National Native Alcohol and Drug Abuse Program (NNADAP)

The NNADAP provided financial support to the following Research and Development projects which relate to Native women:

- Thompson Crisis Centre (Manitoba) - Aimed at making the community aware that Native women and children are often the victims of violence related to alcohol and drug abuse. The project also provides training, information and support services to interested parties in the 25 northern Manitoba communities which will assist in the development of community committees and self-help groups for victims.

- Northern Addictions Services (NWT) - Produced a modified version of the "It's Just Your Nerves" kit on chemical/drug dependency by women which would be more appropriate for the native women in the north.

- Valley Native Friendship Centre (Duncan, B.C.) - Conducted a life skills training course entitled "Circles of Change" designed for women who are or have been affected by alcohol/drug abuse in order to allow them to develop and practice life skills in a supportive group setting.

Other significant activities sponsored by NNADAP include:

- finalization of a report on agencies and services available for battered Native women;

- a video production by Seneca Productions entitled "All Our Business" which describes a situation of family violence on a reserve and shows what can be done to improve the situation;

- a video production by the Inuit Broadcasting Corporation entitled "A Summer in the Life of Louisa" which is about spousal assault and uses an Inuit couple to dramatize the situation and offer possible solutions;

- two young native women, Dale Campbell, a Tahltan-Tlinget Carver/Artist from B.C., and Margo Kane, a Cree Actress from Alberta, have been added to the highly successful NNADAP Role Model Program.

Saskatchewan Region

NNADAP initiated a project to educate project workers on the effects of Fetal Alcohol Syndrome as well as effects from other drug addictions on the family. More women are being employed as project workers to improve services to women in the communities. In 1985, 32% of the Program staff were women, as compared with 37% in 1986.

i. Occupational and Environmental Health

Alberta Region

Medical Services Branch staff and community personnel were utilized to present various workshops on topics such as food handling, baby-sitting, communicable disease, water safety for adolescents and children, and first-aid. Pamphlets which are deemed appropriate are being distributed to community members. The workshops are not new initiatives but are being offered on a regular basis and will continue to provide an improved support system for mothers and children.

Quebec Region

Efforts are continuing to make community members and representatives aware of the fact that mothers should accompany their children on trips to the doctor or hospital outside the community in order to minimize the child's trauma at being cut off from the family environment and ensure that the mother understands the child's actual state of health, the treatment prescribed and its importance. It is sometimes difficult for mothers to get away because they have other children at home to care for and are not aware of the resources available for such situations.

In isolated areas, prenatal care is provided by visiting physicians and HWC nursing staff. In communities close to urban centres, existing provincial resources are used by a large proportion of the target clientele of the prenatal program. Since 1984, pregnant women in isolated areas have been allowed to have a close relative present during delivery outside their community. For those who have to leave the community months before their scheduled delivery date for medical reasons, agreements have been made to ensure they are accompanied by a close relative not only at the time of delivery but also in accordance with their individual needs.

A program for the detection of cervical cancer is underway in the nursing station. In the health centres, this program is available through provincial resources, and the target population is strongly urged to participate. Breast self-examination is taught and pamphlets are available on the subject.

Saskatchewan Region

A Toxic Materials and Hazards in the Home educational program was initiated to inform mothers of potential hazards to themselves and to their children.

An educational package on community development which provides examples for Indian women on methods for achieving community goals, has been developed by the Environmental Health Unit.

Pacific Region

The Regional Health and Safety Committee has undertaken training programs.

Manitoba Region

The Mercury Hair Sampling Program was again offered to Indian communities with the target group of women of child bearing age and prenatal women.

Under the Canada Career Opportunity Program two Environmental Health Officer (EHO) Trainees (one female) spent the summer of 1986 gaining first hand field experience with the Manitoba Region.

XI-2 Employment and Career Development

Indian and Inuit Health Careers Program (IIHCP)

After less than three (3) years of existence, IIHCP as an affirmative action program can already be said to have achieved exceptional success in increasing the level of participation of women and Native people in health careers. At the Regional management level of the program, more than 70% of the positions are

held by women, 80% of whom are Native. Moreover, over 80% of the bursary recipients are Native women. Finally, access to career related employment as well as institutional and community based programs have provided the unique opportunity for Native women to gain access, training and experience in many professional health programs.

Manitoba Region

A female was hired as Director for community based Health Services Directorate, at the PM 5 level.

An important emphasis during the year was the CHR training program, which was co-ordinated by the female Regional Consultant, CHR Program, and conducted by Medical Services.

Quebec Region

The Driver-Escort-Interpreter Service composed of three native women (Algonquin, Attikamek, Montagnais), finally gained some visibility thanks to the Patients Services' nursing supervisor, who acquired red and white summer and winter jackets bearing the Department's symbol in order to make staff more easily identifiable for the patients and escorts they have to meet at the airport, bus or train stations. A photograph was taken of the three native driver-escort-interpreter and copies were sent to all nursing stations, health centres, liaison officers and community health representatives in order to familiarize the patients and escorts who have to get to Montreal with the staff concerned. The three native Driver-Escort-Interpreters took a defensive driving course and would like to take a course on skid control. The Supervisor will take steps to ensure that the three are given this course before the end of the 1986-1987 fiscal year. They will also be given an occupational first-aid course by the Commission de la Santé et de la Sécurité au Travail du Québec during the same fiscal year.

Meetings were held with native high school students and they were given information on career opportunities in the health field. As a result, one girl entered nursing and another dental hygiene.

Saskatchewan Region

Two senior indeterminate positions, the Health Planner and an Assistant Zone Nursing Officer, were filled by women. Five acting positions, ranging in levels from CR 5, AS 2, FI 4, CHN 6 were filled by female staff.

The Community Health Representative Training Course conducted during this period was all female.

Twelve women completed a nine week orientation program at the University of Saskatchewan through the Indigenous Peoples Access Program to Nursing.

The Health Careers Program at the Indian Federated College has enrolled twenty-four students of whom twenty-one are women. This is a pre-professional preparatory program to all professional health careers available in Canada.

Manitoba Regional Dental Program

Three female dentists were recruited under a Standing Offer Agreement and one was stationed at Norway House Hospital, as Field Dental Officer.

A female dentist was hired under a Contribution Agreement with Swampy Cree Tribal Council.

XI-3 Monitoring of Impact of Transfer of Health Programs to Indigenous Control

A high priority for Medical Services Branch south of 60° is the transfer of health program control to Indian communities ready and interested in taking on this responsibility. Consultation on the transfer process has been underway with Chiefs and Councils since April 1986 and pre-transfer planning projects have been funded in several bands and Tribal Councils across the country. As these preparations for transfer proceed, Native women will have key roles to play in their own communities as professional health workers, Community Health Representatives (CHRs), health co-ordinators or directors and members of local health boards and committees.

Training opportunities for these roles now exist within the Health Careers Program and, to some extent within pre-transfer planning activities. At the same time, working links have been established between the Program Transfer Directorate and Indian/Inuit Nurses of Canada, and are just beginning to be developed with national representatives of CHRs.

In the Northwest Territories the health portfolio in the Inuit Tapirisat of Canada (ITC) has been taken over by the Inuit Women's Association. In the negotiations for the transfer of health services in the Baffin Zone the representative for the Inuit was from the Inuit Women's Association. It is our understanding that this will continue to be the case as far as the Inuit are concerned, at least for those belonging to the ITC. Dealings with the Dene have been through the Treaty Chiefs, and to date there has been no representation from any women's association.

In the Yukon the President of the Council for Yukon Indians (CYI) is a woman and has been the key person in health discussions with the CYI. There has not been any direct lobbying from native women's associations. One thing that should be noted is that the majority of Community Health Representatives both north and south of 60° are women. If this trend continues one could expect to see native women playing the largest role in all aspects of community health care in the future.

In order to assist in the handing over of responsibility in the Quebec Region, four native employees were released, three in order to take health training at the University of Chicoutimi, following an agreement with the Attikamek-Montagnais Council, and one native nurse in order to determine the available resources and real health needs of two communities served by her Band Council. A special six-month recruitment period for native nurses was set up, during which time one native nurse was hired.

XII IMMIGRANT AND VISIBLE MINORITY WOMEN

XII-1 Policy Review and Development

During this period, every Branch in the Department has reviewed its activities and the potential for program and policy development for accommodating concerns of immigrant and visible minority women in health and social policy, as outlined in the Briefs of the National Action Committee on Immigrant and Visible Minority Women (NACIVMW).

Health Services and Promotion

The concerns of the NACIVMW were introduced by the Health Services Directorate secretariat as an item on the agenda of the June, 1986 meeting of the Federal/Provincial Advisory Committee on Health Human Resources, which has representation from provincial Departments of Education and of Health. The purpose was to initiate an exchange of information on experiences and discussion on how this concern is being addressed. At that meeting, provinces were invited to comment on activities and services provided at the provincial level.

The Health Promotion Contribution Program has supported community groups in developing programs in their own language, addressing the needs of immigrants.

A short description of current projects may be found in Appendix II.

Following is a partial representative list of such projects funded since 1982:

1. Mobile Health Unit for Working Immigrant Women, Immigrant Women's Centre, Toronto, Ontario.

2. Health Education for Indo-Canadian Women, Orientation Adjustment Services for Immigrants Society (O.A.S.I.S.), Vancouver, British Columbia.

3. Elderly Immigrant Phase I and II, London Cross Cultural Learner Centre, London, Ontario.

4. Intégrations des handicapés multi-ethniques, l'Association multi-ethnique pour l'intégration des handicapés du Québec, Montréal, Québec.

5. Creation of a Mental Health Support Network and Training Package for Use by Helpers of Immigrants, London Cross Cultural Learner Centre, London, Ontario.

6. Translated Materials for Immigrants, Multilingual Orientation Services Association for Immigrant Communities, Vancouver, British Columbia.

7. Canadian Sickle Cell Education and Testing Program, the Canadian Sickle Cell Society, Toronto, Ontario (with branch offices in Edmonton, Halifax, Winnipeg and Vancouver).

8. Health Promotion Resources for Immigrant Women, the Immigrant Women's Centre, Toronto, Ontario.

9. The Women's Self-Help Project, Women's Counselling, Referral and Education Centre, Toronto, Ontario.

10. Immigrant Women, Stress and Health Film, Women Working with Immigrant Women, Toronto, Ontario.

Several of these projects address the specific concern of the NAC on Immigrant and Visible Minority Women with the need for health promotion materials for immigrants in their own language, while all address the more general, expressed concerns of the NAC with funding from the Health Promotion Program for community projects that respond to the unique situation of immigrant and visible minority women.

New Horizons

With respect to the provision of social services for the elderly, the New Horizons Program is an excellent resource to promote self-help projects for elderly immigrant and visible minority women. The New Horizons Program has, since 1979, funded 476 multicultural community groups of retired persons whose projects have received a total of more than $4 million in the last seven fiscal years. Moreover, an estimated 24 700 women members of multicultural groups have participated in these New Horizons projects, sharing their skills, talents and experience in meaningful activities of their own choosing that benefit them and their communities.

Income Security Program Delivery

It is the practice of the Department to employ individuals who speak languages other than English or French, where the requirement to provide services to specific clients necessitates this. This practice applies particularly to Income Security Programs, in which 11 employees of the International Operations Directorate and 112 offices administering Canada Pension Plan, Old Age Security and Family Allowances provide services in languages other than English or French.

Other languages in which services are provided include: Arabic, Bulgarian, Chinese, Croatian, Czechoslovakian, Danish, Dutch, Flemish, German, Greek, Hindi, Hungarian, Icelandic, Indonesian, Italian, Jamaican, Macedonian, Mandarin, Mic Mac Indian, Pampango, Persian, Phillippino, Polish, Portuguese, Punjabi, Russian, Spanish, Swedish, Ukrainian, Urdu and Yugoslavian.

Locations where these services are provided include: Nova Scotia, Quebec (Quebec City, Montreal), Ontario (Ottawa, Toronto area, Chatham, Timmins), Saskatchewan, Alberta and British Columbia.

It should also be noted that under the Black Employment Program in Nova Scotia, the Department has been actively trying to increase the representation of black employees. Currently there are five women and two men on staff. One of the women is a personnel officer who is involved in staffing.

Health and Welfare Canada also participated in the recent Public Service-wide survey of employees which was done in part to establish a data base on visible minority employees. The survey will also contribute to the development of strategies to increase the representation of visible minority persons in the Public Service.

Income Security: Eligibility for Old Age Security (OAS/GIS/SPA)

Prior to 1977, the basic Old Age Security (OAS) pension was payable in full or not at all. In 1977, however, the OAS Act was amended to provide for the payment of partial pensions calculated at the rate of 1/40 of the maximum OAS pension for each year of residence in Canada after age 18. A minimum residence requirement of ten years must be met for payment in Canada and twenty years for payment abroad. At the same time, amendments to the OAS Act also enabled the Government of Canada to include the OAS program in Social Security Agreements.

Currently, Canada has agreements in force with nine countries: Barbados, Denmark, France, Greece, Italy, Jamaica, Portugal, Sweden and the United States of America. As Canada negotiates and implements more International Social Security Agreements, more new immigrants will be able to qualify for a partial OAS pension with as little as one year of residence in Canada. Once in receipt of the OAS pension, the new Canadian resident may also qualify for the Guaranteed Income Supplement and the pensioner's spouse for Spouse's Allowance. Information on these agreements has been prepared by the Department in the language of origin of the immigrants affected to help ensure those eligible for benefits are informed of the agreements.

At the same time, however, the government recognizes that there may still be many immigrants who are not covered under an International Social Security Agreement. This is why the OAS Act was amended in 1984 to enable low-income pensioners receiving partial OAS pension - most of whom are immigrants - to qualify for additional GIS benefits so that they will have the same guaranteed minimum retirement income under the program as persons receiving full OAS pensions. In other words, needy partial OAS pensioners will receive a GIS benefit equivalent to the difference between their personal OAS benefit and the guarantee level.

Another step to ensure income security for Canadians, including elderly immigrant women, has been taken with the extension, effective September 1985 of the Spouse's Allowance to all low-income widowed persons aged 60 to 64 who have resided in Canada for 10 full years after age 18, regardless of the age of their spouse at the time of death.

Policy, Planning and Information

The Policy, Planning and Information Branch of the HWC which has no specific programs that could be targetted at visible minorities or at immigrant women, recognizes and is concerned about the special problems of these women and takes them into consideration during the policy formulation process. For example, in the context of the National Health and Welfare Response to the Badgley Report on Sexual Assault Against Children and the Fraser Report on Prostitution and Pornography, the needs of immigrant women in particular were noted as a matter to be addressed, following approval of the policy proposals, in the program design phase. Similarly, they have been considered as a subgroup in the development of the Victims of Crime policy. It should also be noted that the Office on Aging has been particularly sensitive to the needs of elderly immigrant and visible minority women, and frequently responds to information requests about government programs from members of these groups.

XII-2 Liaison with Immigrant and Visible Minority Women's Groups

See Introduction.

XII-3 Task Force on Immigrant and Refugee Mental Health

A new joint initiative has been undertaken by the Department of Health and Welfare Canada and the Secretary of State of Canada, Multiculturalism sector aimed at determining and assessing the mental health needs of immigrants and refugees, as well as recommending appropriate courses of action. As announced on March 7, 1986, a two-year action-oriented task force was been struck for this purpose chaired by Dr. Morton Beiser. The Canadian Mental Health Association (CMHA) provides administrative services with the assistance of a federal contribution.

The first phase of the Task Force workplan is a Review of the Literature on Migrant Mental Health to be presented to the Ministers for Secretary of State and Health and Welfare Canada. Liaison will be maintained with the Federal/Provincial Advisory Committee for Mental Health (ACMH) who will also be provided with copies.

The second phase (Community Out-reach) will consist of public hearings in Vancouver to facilitate the Western region, and in Toronto and Montreal, to facilitate the Central and Eastern regions at which persons, organizations and institutions will be invited to participate by means of oral and/or written submissions.

The final Task Force Report with recommendations is expected in 1988.

XIII INTERNATIONAL ACTIVITIES

XIII-1 UN Commission on Status of Women

See Introduction p. 2.

XIII-2 Women, Health and Development

See Introduction p. 2.

XIII-3 Representation of Women on Delegations to International Meetings

The Intergovernmental and International Affairs Branch is responsible for the structuring of most Canadian delegations to international health meetings. The selection of delegates is governed by technical requirements, with consideration given to regional and linguistic balance, sectoral representation, men-women ratio, provincial and NGO involvement.

In situations over which the Department has control, the Branch makes every effort to ensure representative men-women participation in delegations and at formal and informal meetings with visiting foreign dignitaries. A table on Representation of Women on Canadian Delegations to International Meetings is contained in Appendix IV.

XIII-4 International Meetings of the World Health Orgnanization (WHO)

At the 39th meeting of the World Health Assembly (WHA) held in May 1986, the WHA adopted resolution WHA 39.18 which was drafted and introduced by Canada and cosponsored by 19 other countries. This resolution calls upon the Director General of WHO to give appropriate and meaningful implementation of the Nairobi Forward-Looking Strategies for the advancement of women in health. For text of resolution see Appendix V.

Furthermore the WHO has established a steering committee to ensure that the Forward-Looking Strategies are integrated into WHO's overall strategies and priorities.

XIII-5 Canadian Delegations to UN Commission on Social Development and UNICEF

The Intergovernmental and International Affairs Branch continued efforts to promote the advancement of women in the work of UNICEF.

XIII-6 WHO Committees and Study Groups

Intergovernmental and International Affairs Branch continues to monitor the involvement of women on expert committees and study groups. WHO is now reporting systematically in writing on the participation of women in the work of expert committees, drawing immediate attention to those committees and groups where representation is inadequate.

XIII-7 WHO/PAHO Fellowships

The Intergovernmental and International Affairs Branch administers the WHO/PAHO Fellowship Program which provides short-term fellowships for study abroad in health-related areas. The selection of Canadian candidates is carried out by a Selection Committee comprised of representatives from a number of health fields.

The Branch continues in its efforts to monitor the outcomes of WHO/PAHO selection to ensure adequate female representation. In 1985, 23 applications were received, 10 of which were submitted by women. Of those applications, six fellowship recipients were women. Accordingly, 60% of fellowships submitted by women (vs. 38% of those submitted by men) were approved.

In 1986 a similar situation was developed - 30 applications were received, 10 of which were submitted by women. Of those applications, four fellowship recipients were women. Accordingly, 40% of fellowships submitted by women (vs. 34% of those submitted by men) were approved.

XIII-8 F/P Committee on International Social Affairs

This initiative will be addressed in subsequent annual reports.

XIII-9 Nongovernmental Organizations

The Senior Adviser Status of Women liaised with a number of NGOs including the Canadian Public Health Association and Canadian Mental Health Association to create awareness of the FLS. Intergovernmental and International Affairs continued to work cooperatively with a range of NGOs involved in the international arena.

XIII-10 F/P Advisory Committee on International Health Affairs

The Senior Adviser Status of Women provided an extensive debriefing on the Nairobi Forward-Looking Strategies and the Regional Forward-Looking Strategies on Women, Health and Development, and promoted F/P cooperation.

XIII-11 European Centre for Social Welfare and Training and Research, ISSA, International Union of Family Organizations

A special effort has been made during the year to ensure an equal participation of women in seminars and meetings of experts held abroad and organized under the auspices of the European Centre for Social Welfare Training and Research (ECSWTR). This year the Centre, in cooperation with this department and other interested groups, held a seminar on "Planning the Welfare Mix" in Montebello, Quebec where more than one-third of the participants were women.

Along the same lines a similar effort is being made with the International Union of Family Organizations (IUFO) and the International Council for Social Welfare (ICSW) and their respective Canadian advisory committees.

XIII-12 UN Convention on Psychotropic Drugs

Canada is proposing to accede to the UN Convention on Psychotropic Substances by 1988. Accession to the Convention will strengthen the international efforts to combat trafficking in abusive drugs and substances. In the past year the matter has received continuing evaluation in terms of policy and operational needs. Interdepartmental consultations have been held and the following aspects have been identified: regulatory amendment requirements; rescheduling of numerous drug substances; regulatory impact on health professionals, drug manufacturers and enforcement agencies; operational requirements to carry out the mandate of the Convention.

XIV EQUITY IN EMPLOYMENT

See Appendix VI for a report on the Departmental Affirmative Action Program.

XIV-1 Increased Representation of Women in Senior Management and Medical Officer Positions

Progress reported by Medical Services Branch included: the establishment of a focal point in headquarters for Medical Officer recruitment, the appointment of two senior and one program manager females, and the identification of three female middle managers with potential.

HEALTH AND WELFARE CANADA PLAN OF ACTION 1985-90
BASED ON THE NAIROBI FORWARD-LOOKING STRATEGIES (FLS)
FOR THE ADVANCEMENT OF WOMEN TO THE YEAR 2000

I. Income Security Programs

Topic	Initiative	Target Population	Intended Results (Goals)	Time Frame	
				Commencement Date	Completion Date
1. Credit-Splitting Under CPP	Legislation to amend CPP	Separated/Divorced Spouses	Expand current provisions to include separation and breakdown of common-law relationships	Introduction of Legislation 1986	Effective date January 1, 1987
2. Amendments to CPP Survivors's Benefits	Ibid.	CPP Survivor Beneficiaries	Removal of current CPP provision providing for the cessation of survivor's benefits on remarriage	Ibid.	Ibid.
3. Assignment of CPP Retirement Benefits	Ibid.	Spouses of CPP Retirement Beneficiaries	Provision of CPP Retirement Benefit to Spouse	Ibid.	Ibid.
4. Study on new CPP Survivor Benefit Structure	Discussions with Provinces	Surviving Spouses	Removal of aged-based eligibility criteria Greater consistency with changing labour force/ family structure patterns	(Approximately) April 1986	March 1987
5. Homemaker's Pension	Fed./Prov. study and discussions	Women	Development of options for homemaker's pension Development of federal/ provincial agreement	April 1986	To be determined

II. **Support Services to Assist Families and Individuals**

Topic	Initiative	Target Population	Intended Results (Goals)	Time Frame	
				Commencement Date	Completion Date
1. Child Care	Special Committee on Child Care	Children, Caregivers, Families	Recommendations to the Federal Government on the future development of child care in Canada	November 1985	November 1986
2. Child Care	Consultation and cost-sharing with the provinces and territories	Child Care Services	Revised CAP guidelines to improve quality, funding of services	Ongoing CAP mandate	
3. Social Services	Promote sharing between provinces and territories of information on innovative measures, promote interprovincial comparisons	Welfare Agencies	Promotion of good social service practice, dissemination of effective measures	Ongoing CAP mandate	
4. Equality	Review all CAP guidelines	Beneficiaries of social assistance and services	Ensure no inappropriate discrimination, e.g. marital or family status	March 31, 1986	July 31, 1986
5. Equality - Support Publications	Monitor all publications, announcements for stereotyping	General Public	Promote positive images of women, the handicapped, minorities and highlight implications for women	Ongoing	
6. Humanizing Homes for Special Care	Develop model guidelines for homes for special care supported through CAP	Residents of homes for special care	Promote good social services practice, develop links between institutions and the community that normalize residents' lives	April 1, 1986	1990
7. Social Housing	Maintain liaison with responsible CMHC officials	Residents of social housing, persons with special needs for shelter	Improved coordination of CAP-CMHC policies, improved service to those requiring social housing	Ongoing CAP mandate	
8. Economic Self-Sufficiency	Change guidelines, promote pilot projects under CAP to encourage the participation of welfare recipients in training programs and employment	Social Assistance Recipients	Enhancement of the employability of social assistance recipients	September 1985	Evaluate in 1988-89

III. Family Violence, Violence Against Women and Children

Topic	Initiative	Target Population	Intended Results (Goals)	Time Frame	
				Commencement Date	Completion Date
1. Family Violence	Information collection and dissemination, development of protocols	Victims of Family Violence	1. Inform general public 2. Inform professionals and other helpers 3. Inform victims 4. Improve quality and availability of information, statistics, knowledge re: treatment, the law, services	Ongoing mandate of the National Clearinghouse on Family Violence	
2. Family Violence	Consultation with the provinces and territories	Transition houses, services for battered women, programs for men who batter, for children in violent homes	Revised CAP guidelines, improved federal support	Ongoing CAP mandate	
3. Family Violence	Research	Victims of Family Violence	1. Reduce incidence 2. Treat offenders 3. Improve services	Ongoing mandate of National Welfare Grants	
4. Interdisciplinary Cooperation	Establishment and role definition of Family Violence Prevention Division	Social service, health care, and legal professionals families in crises	Increase the intent and effectiveness of inter-disciplinary cooperation with respect to the treatment and prevention of family violence in all its forms	Ongoing mandate	
5. Pornography/ Prostitution/ Child Sexual Abuse	Coordination with Department of Justice, Ministry of the Solicitor General in developing Government's response to the Badgley/Fraser Reports	Children, general public	New legislation to combat pornography/prostitution/ child sexual abuse; HWC program initiatives involving: 1. public education and awareness 2. research into treatment and prevention 3. related social and health activities 4. support to voluntary organizations 5. improvement of national standards re: health-related issues	1985	Legislation introduced June 10, 1986
6. Victims of violence	Coordination with Department of Justice, Ministry of the Solicitor General in developing policy re: victims of crime	Victims of crime	New legislation alleviating the conditions of victims of crime; HWC program initiatives involving: 1. expansion of the Victims of Violence Program (SSPB)	Ongoing	

III. Family Violence, Violence Against Women and Children (Cont'd)

Topic	Initiative	Target Population	Intended Results (Goals)	Time Frame	
				Commencement Date	Completion Date
			2. maintaining support for the National Clearing-house on Violence		
	Workshop	Rape Victims	Improve awareness in Department	1985	1985

IV. Support for Voluntary and Women's Organizations

Topic	Initiative	Target Population	Intended Results (Goals)	Time Frame	
				Commencement Date	Completion Date
1. National Welfare Grants	Review of priorities and criteria	Welfare agencies, voluntary social service organizations, schools of social work	Ensure due attention to women's issues	Underway	March 31, 1986
2. Health Promotion Contribution Program	Provision of funds to community groups for women's health projects	Community groups	Support community-based projects to enable women to maintain or improve their health and encourage voluntary action on health issues	Ongoing	
3. National Voluntary Social Service Organizations (Sustaining Grants)	Provision of sustaining grants to eligible organizations	National Voluntary Social Service Organizations	Cover a portion of expenses of operating national offices and carrying out national activities	Ongoing	
4. National Voluntary Health Organizations (Sustaining Grants)	Provision of sustaining grants to eligible organizations	National Voluntary Health Organizations	Cover a portion of expenses of operating national offices and carrying out national activities		
5. New Horizons Program	Provisions of contributions to groups of retired persons to plan and organize community-based activities	Older retired Canadians, mostly over 65 years of age	Provision of opportunities for target population to plan, operate and participate in meaningful activities, beneficial to themselves and the community	Ongoing	
6. Canada Volunteer Award and Thérèse Casgrain Award	Provision of annual awards	Individual who volunteer their time, talents and efforts to improve health and social services in the community	To recognize and encourage the efforts of these individuals	Ongoing	

V. Family Health

Topic	Initiative	Target Population	Intended Results (Goals)	Time Frame	
				Commencement Date	Completion Date
1. Family Health	Child Health Record	Parents-Women	Improve Child Health	1985	1987
2. Family Health	Breast Feeding Kit	Professionals and Women	Educate professionals	1985	1986
3. Family Health	Develop strategic plan for healthy family functioning	Women	Better family functioning	1985	Long range
4. Family Health	Resources Package (post-partum)	Professionals and Women	Improve parent functioning during early post-partum	1985	1987

VI. **Women's Health Promotion**

Topic	Initiative	Target Population	Intended Results (Goals)	Time Frame	
				Commencement Date	Completion Date
1. Women's Health	(a) Consultation Workshop	Women	Networking and establishing priorities (Branch)	1985	1986
	(b) Survey to Key Informants	Women	Assist in developing Health Promotion Strategy	1985	1986
	(c) Close-Up on Health Exhibit	Public (Women)	Public Awareness	1986	1986
	(d) Health Education Publication	Women	Public Awareness	1987	1987
	(e) Tabloid	Women	Public Information	1986	1987
	(f) Aging (Gerontological Studies and Focus Group Discussions)	Elderly	Development of Health Promotion Strategy	1985	1986
2. Alcohol	Fine Lines Publication	Young Working Women	Information on responsible drinking	1985	1986
	Background document	Pregnant Women	Document to assist in policy development	1985	1986
	Campus Life Publication	Students (Women)	Public Awareness	1986	1986
3. Drugs	It's Just Your Nerves Training sessions and work	Professional and Women	Public awareness and training of professionals	1985	1989
4. Smoking	Development of legislative policy options to control the use of tobacco in Canada		To reduce death and illness associated with tobacco consumption to ensure that consumers are informed of the hazards of tobacco, and to introduce measures to establish a tobacco free life.	Policy development commenced, 1985	1989
5. Nutrition	Development of Guidelines for Nutrition during Pregnancy	Professionals (Women)	Develop national standards	1985	1987

VII. **Women's Health Research**

Topic	Initiative	Target Population	Intended Results (Goals)	Time Frame	
				Commencement Date	Completion Date
1. Symposium on Changing Patterns of Health and Disease	Sponsor or co-sponsor symposium on changing patterns of illness and disease of Candian women	Health professionals, key women's organizations, other health NGOs	Increased awareness of women's health trends for policy and program development	Summer 1986	Spring 1988
2. Mental Health	Review literature on gender-related morbidity Encourage establishment of and collaboration with Canadian Mental Health Association Task Force on Women and Mental Health	Women Women	Establish branch priorities as to future CMHA activities To provide initial direction as to future CMHA activities on women and mental health	1985 October 1985	1985
3. Lung Cancer and Smoking	Compile and publish data on lung cancer and smoking in women	Women	Results to be published	June 1986	
4. Cardio-vascular Disease	Profile of CVD in women by age groups	Women	Publication of results		
5. Diet and Cancer	Utilize survey data to study breast and colon cancer	Women	Journal articles	April 1987	
6. Breast Cancer	Investigate the temporal and spatial patterns in Canada	Women	Journal articles	November 1986	
7. Mammary Implants	Develop guidelines	Mostly women	To improve the health hazards associated with the implantation of mammary prothesis	Task force appointed, 1986	1987
8. Extramural Support - National Health Research and Development Program	Support of research into health issues of concern to the Department	- Universities, hospitals - Voluntary organizations - Provincial, municipal governments - Individual researchers and corporations	Extramural research including research in women's health problems	Ongoing	

VIII. **Reproductive Health**

Topic	Initiative	Target Population	Intended Results (Goals)	Time Frame	
				Commencement Date	Completion Date
1. Adolescent Sexuality	Clearinghouse, Media Campaign	Adolescent girls	Decrease in teenage pregnancies	1986	Long range
2. Ovulation Monitors for Pregnancy	To subject new sophisticated ovulation monitors to Medical Devices Regulations	Mostly women	A reliable, safe control of these devices which at present are sold over the counter and are not subject to any controls	1986	1988
3. Pregnancy Kits	Develop performance and labelling standards for pregnancy kits	Women	Prevention of false diagnosis of pregnancies	1986	1987-1988
4. Chemical Safety	Monitoring of PCBs in human milk	Women	To determine the levels of these chemicals' contaminants in human milk and to assess the public health significance of the findings	Ongoing	
	Study on effects of PCBs on reproduction and on infant behaviour		To determine the effects of body burdens of these contaminants on reproduction and to assess their potential for producing behavioral deficits in offsprings	1986-1987	1989-1990
	Improve methods of evaluating human teratogenic potential of chemicals in food chain	Women	To refine scientific procedures regarding the assessment of chemicals with respect to their ability to produce congenital malformations	Ongoing	
5. Sexually Transmitted Diseases	(a) Chlamydial infections	Women	National surveillance system - determine the incidence of the infection - indentify high risk groups - recommendations for screening programs	January 1, 1987	Ongoing
	(b) Human papillomavirus (HPV) infection	Women	Prospective study of women with HPV infection	November 1986	
	(c) Trends in pelvic inflammatory disease	Women	Surveillance of national data - determination of high risk groups - publication of results	Ongoing	

VIII. **Reproductive Health (Cont'd)**

Topic	Initiative	Target Population	Intended Results (Goals)	Time Frame	
				Commencement Date	Completion Date
5. Sexually Transmitted Diseases (Cont'd)	(d) Trends in ectopic pregnancy	Women	Surveillance of national data - determination of high risk groups - publication of results	Ongoing	
	(e) Sexually transmitted diseases in children and youth	Children/Youth	Recommendations arising from the Badgley Report - surveillance and publication of results	January 1, 1987	Ongoing
	(f) Congential herpes virus infection	Women/Neonates	National surveillance system - identify risk factors associated with transmission of the infection	January 1, 1986	Ongoing
6. Contraceptive Drugs	Labelling of contraceptive drugs in terms of side-effects and rates of failure	Women in reproductive years	Lead to more informed choices	Ongoing	
7. Oral Contraceptive and Other Current Issues	Periodic post-marketing review of oral contraceptives and review current issues by Committee on Reproductive Physiology	Women in reproductive years	Updated contraceptive report	Every 5 years	
8. Safety of New Drugs	Consequences of use during pregnancy and lactation to be addressed in review of New Drugs	Pregnant and lactating women	Appropriate statements in Product Monographs	Ongoing	
9. Vaginal Douches	Review of safety and efficacy (including labelling of vaginal douches for self-medication)	Women	Completion of review of labelling	December 31, 1986	
10. Reproductive Technology	Continue cooperative efforts with other units and agencies in reviewing risks benefits and ethical considerations	Infertile and subfertile individuals and couples	Policies and programs in support of access to appropriate, cost-effective technologies on a fair and ethical basis	Ongoing	

IX. **Women's Occupational and Environmental Health**

Topic	Initiative	Target Population	Intended Results (Goals)	Time Frame	
				Commencement Date	Completion Date
1. Guidelines for Pregnant Workers	Occupational Health guidelines for Pregnant Workers	Pregnant women	Publication of Guidelines and distribution from federal and provincial levels		October, 1986
2. Radiation Emitting Devices Regulations	Development and revision of Radiation Emitting Devices regulations pertaining to X-Ray, ultra-sound and sunlamps	Mostly women and women during pregnancy	To improve safety based on advances in technology - Devices to be in compliance by 1991		New and revised regs by 1989
3. Monitoring Programs and Policy Development	Continue to promote the identification and reduction of risks in industries and occupations where women are concentrated	Working women	Promotion of effective reduction of occupational and environmental health hazards	Ongoing	
4. Public Service Health	Identify and reduce risks and promote health in the workplace	Working women	Identification of new hazards in workplace Continue to develop and promote programs related to safety in the workplace Special emphasis on participation in programs to identify occupational risks as they relate to pregnant women	1985	1990

X. **Physical Activity and Sport**

Topic	Initiative	Target Population	Intended Results (Goals)	Time Frame	
				Commencement Date	Completion Date
1. Women in Sport and Physical Activity	Development and distribution of a policy on women in sport (Sport Canada)	Fitness and Amateur Sport (FAS) client organizations which are in receipt of Sport Canada funds	Clarify the position and support of the goal of equal opportunity in sport	April 1985	March 1986
2. Policy Implementation and Development	Development of a policy implementation plan (1986-1990)	Sport Canada Personnel, client organizations, provincial governments	Clarify the roles and responsibilities of Sport Canada personnel and clients in pursuing the goal of equal opportunity in sport	October 1985 (Development)	April 1986
			Inform provincial governments of our plans and identify liaison and cooperative activities	1986 (Implementation)	1990
3. Women in Sport and Fitness	Continuation of the Women in Sport and Fitness Leadership Program. This program will target the placement and training of females for upper sport management and technical leadership positions	Training and placement of females in: Technical/Administrative positions (professional and volunteer) Administration: upper management Technical: - Coaching - Technical Directors - High performance Management - Technical coordinators	Increase numbers of women with a women-centred perspective in the technical and upper management leadership of the sport system	July 1985	1990
4. National Association Contributions Program	Continue to provide funds to FAS national client organizations to assist in their efforts to improve the status of females in specific organizations. A major focus of this program area will be to develop long-term and short-term strategic plans to address the identified issues and needs of females within specific organizations	FAS national client organizations	The elimination of barriers and issues which restrict the full participation of females in sport and physical activity	1982	1990

X. **Physical Activity and Sport (Cont'd)**

Topic	Initiative	Target Population	Intended Results (Goals)	Time Frame	
				Commencement Date	Completion Date
5. Research	Publish and distribute "Women, Sport and Physical Activity: Research and Bibliography". This is a feminist analysis of sport science research. It provides a critique of existing research and direction for women-centered research. The document will also indicate research needs and issues for women in sport and physical activity, and as such will help set parameters for a future research program within the FAS Women's Program	Sport Science funding agencies; advocacy groups; researchers and students; FAS client organizations	Provide a women-centred analysis of Sport Science Research to counter the growing volume of research on female participation which most often uses male sporting performance, experience and practice as their main point of reference	May 1985 1986 (Research project/Program development and implementation)	May 1986 (distribution) 1990
6. Fitness Canada Target Groups	Initiate and complete an issue and needs analysis of specific Fitness Canada target groups to determine program support initiatives	Older female adults; female youth; female disabled; working women	Ensure the program is addressing the needs and issues facing women of specific ages, disability and employment status	January 1985 (analysis) 1986 (Program development)	1987 1990
7. Promotion and Education	Continue to provide documentation and support for advocacy initiatives by individuals and groups such as the Canadian Association for the Advancement of Women and Sport (CCAW&S)	CAAW&S National Sport Organization General Public	Increase awareness and education around the issues and needs of females in sport and physical activity	1986	1990
	Continue to develop publications on women in sport and physical activity for purposes of awareness raising and education . Update of Women in Sport and Fitness Leadership statistics . See research . Other documents as required	Canadian Sport System General Public National Sport and Fitness organizations	Increase awareness and education around the issues and needs of females in sport and physical activity	1986 1986-87 1986	1990

XI. **Native Women**

Topic	Initiative	Target Population	Intended Results (Goals)	Time Frame	
				Commencement Date	Completion Date
1. Promotion of Improved Health and Well-Being at Community Level Identify needs and risks through participation by Native women	(a) General Health (b) Nutrition (c) Parenting Skills (d) Sex Education	Indian and Inuit women	Assessment of local concerns and development of recommendations for improvement	1988	1988
		Native mothers	Development of risk screening tool, standardized prenatal nutrition protocols and assessment and counselling tools, prenatal nutrition programs. Completion of a national food cost survey of adequate prenatal diets in nat re communities	July 1985	March 1987
	(e) Maternal and Child Health (f) Family Violence (g) Mental Health (h) National Native Alcohol and Drug Abuse Program (i) Occupational and Environmental Health	Native women and families	Identify needs for specific priorities -e.g. nutrition counselling, parenting skills, sex education, mental health initiatives, National Native Alcohol and Drug Abuse Program, etc.	1987	1990
			Develop methodology at regional/community level in order to implement or improve programs based on identified needs		
			Identify ways of sharing experience between communities		
			Explore and respond to needs identified by Indian communities in relation to occupational health and safety issues as a result of transfer initiatives	1986	1990
2. Native Employment and Career Development	Establish Health Careers Development Program	Indigenous Groups	Increased number of native women as health providers	1985	1987
	Employ Regional Advisors		8 advisors (male and female)	1985	1987
	Provide practical summer experience for students		180 person months (male female)	1985	
	Increase number of indigenous persons in Administrative/Foreign		- Increase participation on selection boards - Utilize development programs	1985	1990

XI. Native Women (Cont'd)

Topic	Initiative	Target Population	Intended Results (Goals)	Time Frame	
				Commencement Date	Completion Date
2. Native Employment and Career Development (Cont'd)	Service and Scientific and Professional Categories		- Identify native content in positions		
3. Transfer of Health Programs to Indigenous Control	Ongoing monitoring of impact of transfer on native women	Women	Identify problems arising as a result of transfer Propose measures to remedy/ reduce negative impact	1985	1990

XII. Immigrant and Visible Minority Women

Topic	Initiative	Target Population	Intended Results (Goals)	Time Frame	
				Commencement Date	Completion Date
1. Policy Review and Development	Act as catalyst to enhance sensitivity within Dept. and cooperating agencies of needs and risks of target groups	Immigrant and Visible Minority Women	Departmental and Canadian policies and programs responsive to health and welfare needs of immigrant and visible minority women	Ongoing	
2. Liaison with Immigrant and Visible Minority Women's Groups	Effective collaboration with DAC, P/T Liaison Officials, NGO's and IDC on immigrant and visible minority women	Departmental Management, provinces, NGO's professional associations	Full integration of immigrant and visible minority women into Canadian societies as agents and beneficiaries	August 1985	1990
3. Task Force on Immigrant and Refugee Mental Health	Establishment of Task Force with Multiculturalism Canada to study mental health issues affecting immigrants and refugees	Immigrants and Refugees	Report with recommendations to be published and presented at future symposium	March 1986	1988

XIII. International Activities

Topic	Initiative	Target Population	Intended Results (Goals)	Time Frame	
				Commencement Date	Completion Date
1. UN Commission on Status of Women	Representation on Canadian delegation and related duties	Women	To promote Canada's views regarding key importance of women/family health to social well-being and socioeconomic development	Ongoing	
2. Women in Health and Development (WHO)	Provision of leadership for women in Health and Development nationally, regionally and internationally (in keeping with resolutions from PAHO and WHO)	Women in Canada, region and the world with special emphasis domestically on native and immigrant women	Improved health and integration of WHO in development policies and programs	1986	1990
3. Representation of Women on Delegations to International Meetings	Structure composition of delegations to ensure equitable representation	Professional women	Equitable representation of men and women	Ongoing	
4. International Meetings of WHO and PAHO	1. Apprise Canadian representatives at meetings of the Nairobi Forward-Looking Strategies 2. Branch representatives at these meetings will ensure that women's issues and concerns are considered and reflected in goals and work plans of these agencies	Professional/ Managerial women	Adoption of measures that would promote the realization of the Nairobi FLS	Ongoing	
5. Canadian Delegations to UN Commission on Social Development and UNICEF	1. Make efforts to ensure that the UN Commission for Social Development and UNICEF work in concert with the UN Branch for the Advancement of Women 2. Take the initiative to ensure that these UN bodies are mutually complementary in their work for the promotion of the advancement of women			Ongoing	
6. WHO Committees and Study Groups	Monitor the involvement of women on expert Committees and Study Groups	Female Technical Experts	The identification of the measures and initiatives which would promote the involvement of women in health and development and in the elimination of sexist language in official documents	Immediate	Ongoing

XIII. **International Activities (Cont'd)**

Topic	Initiative	Target Population	Intended Results (Goals)	Time Frame	
				Commencement Date	Completion Date
7. WHO/PAHO Fellowships	Monitor the outcomes of WHO/PAHO selection to ensure adequate female representation	Female professionals and technical experts	Adequate representation of women among Fellows	Ongoing	
8. F/P Committee on International Social Affairs	Establish a Committee to: 1. Facilitate the involvement of the provinces in international social services activities 2. Serve as the focal point for consultation in the preparation of the Canadian position on various international social affairs matters and for briefings on international social affairs meetings	Federal/Provincial Officials	Establishment of a framework for bringing social affairs issues like the Nairobi FLS to provincial officials, thus ensuring comprehensive domestic involvement in international social matters	Spring 1987	Ongoing
9. NGO'S	Sensitize, inform Canadian NGOs for example CCSD, CCIC, Vanier Institute, Family Service Canada, International Social Service Canada of the action plans and the steps taken by the Canadian government for the implementation of the FLS	NGO Population	1. Greater participation of women 2. Increased awareness and sensitivity to women's issues and concerns 3. Inclusion of strategies for women in action plans of those groups	Immediate	Ongoing
10. F/P Advisory Committee on International Health Affairs	1. Facilitate involvement of the provinces in international health activities 2. Serve as the focal point for consultation in the preparation of the Canadian position on various international health matters and for debriefings on international health meetings	Federal/Provincial Health Officials	More comprehensive domestic involvement in international health activities	Ongoing	Ongoing

XIII. International Activities (Cont'd)

Topic	Initiative	Target Population	Intended Resu ts (Goals)	Time Frame	
				Commencement Date	Completion Date
11. European Centre for Social Welfare Training and Research (ECSWTR), ISSA, International Union of Family Organizations	Branch representatives will ensure that these agencies are apprised of the FLS and that women's issues and concerns are recognized and reflected in their work plans	Officials in these organizations	Adoption of measures to promote the FLS	Immediate	Ongoing
12. UN Convention on Psychotropic Drugs	Accede to UN Convention of Psychotropic Substances	Mostly women	Increased controls on prescribing		1988

XIV. Equity in Employment

Topic	Initiative	Target Population	Intended Results (Goals)	Time Frame	
				Commencement Date	Completion Date
1. Increased Representation of Women in Senior Management and Medical Officer Positions	Recruit more women to Senior Management and Medical Officer Positions	SM minus one and Female medical graduates	Identify women with potential and encourage participation in development programs Provide experience through acting appointments Recruit female medical graduates and provide focal point for recruitment within Branch	1985	1990
2. PY Reduction	Ongoing monitoring of impact of PY reductions on women	Women	Identify problems arising as a result of PY reduction Propose measures to reduce impact through appropriate implementation of workforce adjustment policy Counselling, retraining opportunities and redeployment	1986	1990

HEALTH PROMOTION CONTRIBUTION PROGRAM - FUNDED PROJECTS 1986-87/
PROGRAMME DE CONTRIBUTION A LA PROMOTION DE LA SANTÉ - PROJETS SUBVENTIONNÉS 1986-1987

BY TARGET GROUP/PAR GROUPE CIBLE

Project Title/ Titre du projet	Recipient/ Project Sponsor/ Organisme parrain	Total Contribution/ Montant total de la contribution	Contribution Period/ Durée de la contribution	Project Description/ Description du projet
WOMEN/FEMMES				
NATIONAL				
1. 6549-2-114 Book on Menopause	Montreal Health Press Montreal, Quebec	$103,035.00	03/09/84-31/12/86	A book on menopause and the prevention of related health problems will be published and distributed nationally for use by Canadian women
2. 6549-2-137 Eating Disorder Information Centre	Health League of Canada Toronto, Ontario	$190,000.00	01/09/85-01/09/87	Development of resource materials for individuals with eating disorders and their family members particularly for use in support groups will be undertaken
3. 6549-2-138 Immigrant Women, Stress and Health: Film	Women Working with Immigrant Women Toronto, Ontario	$50,750.00	01/11/85-31/03/87	A film in English and French to increase awareness among immigrant women and health care professionals of the origin of stress and the health consequences for women will be produced
4. 6549-2-141 Surgery: What Choice Do We Have	National Council of Jewish Women of Canada Downsview, Ontario	$4,475.00	02/07/86-05/01/87	To educate women about their bodies, and the choices and alternatives available to them in health care
ATLANTIC REGION/LES MARITIMES				
1. 6550-6-54 Infertility: Facts and Feelings	Planned Parenthood St. John's, Newfoundland	$93,315.00	01/11/85-30/11/86	A pilot study to produce baseline data on the fertility status of married couples in several Newfoundland communities
2. 6550-8-103 Women's Health Project	Pictou County Women's Centre Stellarton, Nova Scotia	$54,255.00	01/10/85-28/11/86	To enable women throughout Pictou County to become directly involved in their health care through self-help groups
3. 6550-8-107 Mainland South Prenatal Education Project	St. Paul's Family Resources Institute Halifax, Nova Scotia	$47,430.00	01/01/86-30/06/87	This project will develop, implement and evaluate a prenatal education program which addresses the specific health, social and economic concerns of the Institute

Project Title/ Titre du projet	Recipient/ Project Sponsor/ Organisme parrain	Total Contribution/ Montant total de la contribution	Contribution Period/ Durée de la contribution	Project Description/ Description du projet
WOMEN (Cont'd)/FEMMES (suite)				
ATLANTIC/LES MARITIMES				
4. 6550-8-116 Second International Congress on Women's Health Issues	Dalhousie University Halifax, Nova Scotia	$5,500.00	15/09/86-15/12/86	A conference will be held to identify, through current research on public policy, the framework in which the priorities and programs of both industrialized and developing countries affect the health of women and address their health care needs
5. 6550-9-37 Femmes en santé	Fédération des Dames d'Acadie Campbellton, New Brunswick	$51,590.00	01/10/85-30/09/86	Information sessions will be held specifically designed to increase the awareness, knowledge and skills of women regarding various health issues
QUEBEC REGION/RÉGION DU QUÉBEC				
1. 6551-2-330 Elixir ou Assuétude d'Eve: Défi 2000	Le Centre des Femmes de l'Estrie Sherbrooke, Québec	$175,000.00	01/11/84-30/06/87	An awareness program will be developed to increase the knowledge of women with respect to alcohol and drug abuse, and find alternative solutions to these problems through meetings and special sessions
2. 6551-2-335 Changer pour le mieux	C.L.S.C. du Marigot Vimont, Québec	$65,131.00	04/09/84-30/06/87	Information sessions on women's health issues, especially those related to menopause, will be held as well as sessions leading to the establishment of a self-help group
3. 6551-2-374 Cesarean Birth Information and Education Materials	Cesarean Birth Association of Montreal Pointe-Claire, Québec	$28,394.00	01/04/85-30/03/87	A series of bilingual education and information materials aimed at increasing the knowledge of parents on the preparation for the possibility of a cesarean delivery will be produced
4. 6551-2-420 Réseau permanent de groupes d'entraide et d'éducation	Centre des femmes du Témiscouata l'Aurore Cabano, Québec	$99,700.00	01/10/84-26/06/87	An awareness campaign will be developed, and eight mutual aid groups formed to establish, over three years, a structure of mutual aid groups for women

Project Title/ Titre du projet	Recipient/ Project Sponsor/ Organisme parrain	Total Contribution/ Montant total de la contribution	Contribution Period/ Durée de la contribution	Project Description/ Description du projet
WOMEN (Cont'd)/FEMMES (suite)				
ONTARIO/RÉGION DE L'ONTARIO				
1. 6552-2-77 Mobile Health Unit for Working Immigrant Women	Immigrant Women's Centre Toronto, Ontario	$195,459.00	01/09/82-30/06/86	A program including a mobile health clinic is being delivered to provide immigrant women with culturally-oriented health education and preventive health screening close to the work site
2. 6552-2-80 Northwestern Ontario Women's Health Project	Women's Health Action Group Thunder Bay, Ontario	$348,006.00	01/09/82-13/09/86	Health education workshops are being provided to enhance the ability of women in Northwestern Ontario to organize self-care activities and share preventive health information
3. 6552-2-110 Action on Health Barriers	Opportunity for Advancement Weston, Ontario	$262,720.00	01/01/84-31/12/87	A model for a health education program is being developed with the input of sole-support mothers on government assistance to enable them to make informed choices about health and health care for themselves and their families
4. 6552-2-111 Programme Odyssée	Union Culturelle des Franco-Ontariennes Ottawa, Ontario	$104,097.00	01/10/84-30/06/86	An educational program on menopause based on the Quebec Odyssee Program will be delivered to members of the Union Culturelle des Franco-Ontariennes
5. 6552-2-112 Women Being Well	Women Today Clinton, Ontario	$194,215.00	01/04/85-31/03/88	Women will be trained to facilitate self-help groups which focus on substance abuse and eating disorders relating to anorexia
6. 6552-2-118 Beyond Survival.... - Conference	Social Planning Council of Oshawa-Whitby Oshawa, Ontario	$5,000.00	01/04/86-30/06/86	A one-and-a-half-day conference for women in Durham Region was organized to explore and enhance women's capacity to effect personal change
PRAIRIE REGION/LES PRAIRIES				
1. 6553-2-57 Breast Cancer Manual	Y.M.C.A. Winnipeg, Manitoba	$201,419.00	16/07/84-30/06/87	An educational resource on breast cancer will be developed for the lay person providing information on the biological and psychological aspects of breast cancer

Project Title/ Titre du projet	Recipient/ Project Sponsor/ Organisme parrain	Total Contribution/ Montant total de la contribution	Contribution Period/ Durée de la contribution	Project Description/ Description du projet
WOMEN (Cont'd)/FEMMES (suite)				
PRAIRIE REGION/LES PRAIRIES				
2. 6553-2-59 Health Problems of Women In Prison	Elizabeth Fry Society Saskatoon, Saskatchewan	$143,755.00	01/10/85- 31/03/88	This project seeks to increase the accessibility of health education programs for female offenders in Saskatchewan
3. 6553-2-62 Self-Perceived Overweight Problems Among Women	Women's Health Clinic Inc. Winnipeg, Manitoba	$24,140.00	01/11/85- 01/03/87	This project will develop a self-help group model for women with self-perceived overweight problems and establish an ongoing volunteer based self-help program at the clinic in Winnipeg
4. 6553-2-63 Childbirth/Labour Support Program	Manitoba Association for Childbirth and Family Education Winnipeg, Manitoba	$38,726.00	02/12/85- 31/01/87	The development of a labour support program which will recruit and train volunteers to act as companions for immigrant/refugee women in Winnipeg who would otherwise be without support during childbirth
5. 6553-2-64 North End Women Centre Health Education Project	North End Women's Centre, Inc. Winnipeg, Manitoba	$120,000.00	01/10/85- 30/09/88	Advisory committees will be established to identify priority health issues in such areas as parenting, nutrition, aging, stress, substance abuse and safety, and develop strategies for testing and implementation

NATIONAL HEALTH RESEARCH AND DEVELOPMENT PROGRAM (NHRDP)/
PROGRAMME NATIONAL DE RECHERCHE ET DE DÉVELOPPEMENT EN MATIÈRE DE SANTÉ (PNRDS)

WOMEN'S HEALTH ISSUES / AU SUJET DE LA SANTÉ DES FEMMES

1985-86 2,283,531.59

R. Desjardins
1986-11-25

NATIONAL HEALTH RESEARCH AND DEVELOPMENT PROGRAM (NHRDP)/
PROGRAMME NATIONAL DE RECHERCHE ET DE DÉVELOPPEMENT EN MATIÈRE DE SANTÉ (PNRDS)

RESEARCH SUPPORT TO WOMEN'S HEALTH ISSUES

AIDE À LA RECHERCHE AU SUJET DE LA SANTÉ DES FEMMES

FOR THE PERIOD/POUR LA PÉRIODE 1985-86

Project No./ N° de projet	Project Title, Dept., Institution, Principal Investigator(s)/ Titre du projet, dépt., agence, chercheur(s) principal(aux)		
6603-1159-06	Exercise-Induced Infertility: a) Exercise Thresholds to Maintain or Reconstitute Normal Reproductive Hormonal Profiles; b) Exercise Factors Altering Pituitary Functioning. Division of Physical Education, Dalhousie University Dr. Arend BONEN	1982-83 1983-84 1984-85 1985-86 1986-87	26,898.00 70,245.00 54,019.00 52,174.00 16,140.00
	SYNOPSIS: Vigorous daily exercise has recently been associated with infertility: Research has shown that severe imbalances in the reproductive hormones can occur during physical training. This study is aimed at determining the critical exercise threshold that promotes change in the normal menstrual cycle, the phase of the menstrual cycle that is most susceptible to the effects of exercise, the days of the menstrual cycle during which exercise intensity should be reduced, and the duration of inactivity required to re-establish menstrual cycle patterns. This information will permit exercise guidelines to be established for physically active women who wish to have children.		
6603-1201-42	An Assessment of the Need for Radiological Evaluation of All Girls with Recurrent Urinary Infection. Department of Urology, Dalhousie University Dr. Robert D. SCHWARZ	1984-85 1985-86 1986-87	7,650.00 7,350.00 2,000.00

Project No./ N° de projet	Project Title, Dept., Institution, Principal Investigator(s)/ Titre du projet, dépt., agence, chercheur(s) principal(aux)		
	SYNOPSIS: Current texts and teaching recommend x-rays (intravenous pyelography and cystography) on all children with two or more documented urinary tract infections. The yield of significant pathology in girls with recurrent UTIs is less than 10%. The applicant predicts that localization of the site of urinary infection will define two populations of girls who have had recurrent infections: those with recurrent lower tract infections who will not show anatomical abnormalities; and those with upper tract infections who have a high risk of predisposing uropathy. If this prediction is confirmed, the majority of girls could be protected against x-rays, resulting in improving cost effectiveness and a less invasive and traumatic approach to treatment of UTIs.		
6603-1225-46	Fetal Movement Counting and Attitudes in Pregnancy. Department of Obstetrics and Gynaecology, Dalhousie University Dr. Robert LISTON	1985-86 1986-87 1987-88 1988-89	12,163.00 44,972.00 50,809.00 13,548.00
	SYNOPSIS: The continuing toll of late intrauterine fetal death in low-risk pregnancy demands the development of an inexpensive, non-invasive daily test of fetal health. Maternal perception of fetal movement has been shown to correlate well with fetal outcome and there is some evidence that universal application of daily movement counting may help to reduce the incidence of intrauterine death. However, physicians have been slow to apply such tests to routine practice, because of possible concern about maternal anxiety evoked by counting. The purpose of the proposed study is to determine the effect of fetal movement counting on maternal attitudes toward pregnancy, fetus and self. As a supplementary aim, the study is also designed to assess the applicability of fetal movement counting as a means of fetal assessment amongst a population of low-risk women.		
		1982-83	67,805.00
6604-1031-43	L'alimentation des Nourrissons au Nouveau-Brunswick: Comportements et Facteurs Déterminants. École des sciences domestiques, Université de Moncton Docteur Micheline BEAUDRY-DARISME	1983-84 1984-85 1985-86 1986-87	24,600.00 16,218.00 nil 10,757.27

Project No./ N° de projet	Project Title, Dept., Institution and Principal Investigator(s)/ Titre du projet, agence et chercheur(s) principal(aux)		
	RÉSUMÉ: Problème adressé: La Société Canadienne de Pédiatrie recommande comme mode préféré d'alimentation des nourrissons, l'allaitement maternel pour au moins six mois et ce exclusif au moins pour les trois à quatre premiers mois. Au Nouveau-Brunswick 40% des mères par exemple n'initient même pas l'allaitement maternel. Pour améliorer cette situation il importe de mieux la connaître et la comprendre. But du projet: (i) décrire le comportement des primipares du Nouveau-Brunswick quant à l'allaitement maternel, l'allaitement artificiel et les patrons de complémentation; (ii) cerner les facteurs déterminants d'un allaitement maternel prolongé; (iii) vérifier la relation entre la fréquence et la durée de certaines maladies et le mode d'alimentation des nourrissons.		
6605-1759-52	The Fetal Alcohol Syndrome: The Role of Membrane Lipids in the Teratogenicity of Ethanol. Department of Biochemistry, McGill University Dr. E.A. HOSEIN SYNOPSIS: Continued consumption of alcohol by pregnant women can result in the birth of children with fetal alcohol syndrome. The severity of the syndrome is dependent on the amount and duration of alcohol consumed. Under these conditions, the fetus is being developed in a dilute solution of alcohol which it cannot metabolize. In time, the fetus presumably becomes tolerant to the alcohol. The physical and metabolic abnormalities associated with this induced adaptation of the membrane lipids of the fetus to the continued presence of the alcohol form the basis of this investigation.	1981-82 1982-83 1983-84 1984-85 1985-86 1986-87	59,970.00 71,985.00 52,581.05 95,758.26 79,526.29 4,690.56
6605-1859-44	Early and Late Abortions: A Comparison of Motivations and Psychological Sequelae. Department of Psychiatry, McGill University Ms. Françoise TCHENG-LAROCHE	1982-83 1983-84 1984-85 1985-86	36,517.00 19,478.00 7,388.00 5,030.63

Project No./ N° de projet	Project Title, Dept., Institution, Principal Investigator(s)/ Titre du projet, dépt., agence, chercheur(s) principal(aux)		
	SYNOPSIS: Three groups of women seeking abortion at different gestational stages will be followed and compared in terms of demographic characteristics, personality features, contraceptive knowledge, and pschological status. The study will seek to discover means to identify women at risk for delayed abortions and negative sequelae with a view to improving clinical and preventive services.		
6605-1878-44	Perinatal Intervention Project: The Effectiveness of Prenatal and Postpartum Home Visiting. Department of Community Health, Montreal General Hospital Dr. Charles LARSON	1982-83 1983-84 1984-85 1985-86	90,783.00 20,400.00 85,147.00 38,845.00
	SYNOPSIS: The purpose of this study is to evaluate the effectiveness of an expanded program of prenatal and postpartum home visiting entitled the Perinatal Intervention Project, the objectives of which are to promote child health and decrease preventable early childhood morbidity through the provision of a family directed intervention.		
6605-1977-44	La mesure du degré de satisfaction des femmes à la suite d'une stérilisation contraceptive. Département de démographie, Université de Montréal Madame Evelyne LAPIERRE-ADAMCYK	1983-84 1984-85 1985-86 1986-87	39,189.00 43,795.51 14,730.49 4,181.00
	RÉSUMÉ: Ce projet vise à mesurer le degré de satisfaction des femmes québécoises à la suite d'une ligature des trompes et à cerner les caractéristiques de celles qui ont manifesté des degrés plus ou moins élevés d'insatisfaction; on s'attachera particulièrement à analyser les circonstances entourant la décision de se faire stériliser et à identifier celles qui sont le plus susceptibles d'être associées à diverses formes de regret; ces résultats pourront être utiles pour améliorer la qualité du counseling auprès des candidates à la stérilisation.		

Project No./ N° de projet	Project Title, Dept., Institution, Principal Investigator(s)/ Titre du projet, dépt., agence, chercheur(s) principal(aux)		
6605-2021-44	The Psychosocial Outcomes of Coronary Bypass Surgery: A Study of Patient and Spouse Adjustment During the First Post-Surgical Year. Division of Social and Transcultural Psychiatry, Department of Psychiatry, McGill University Dr. Nancy FRASURE-SMITH SYNOPSIS: Although coronary bypass surgery is becoming increasingly frequent, little is known about its psychosocial impact on patients and spouses, or about factors placing certain individuals at risk for poor psychosocial outcomes. Most research in this area has focused on return to work and has assumed that return to work is synonymous with a good post-surgical quality of life. There is reason to question this assumption and without additional measures of outcome, very little can be said about the impact of surgery on the quality of life. The present study aims to remedy this situation by exploring various aspects of patient adjustment during the first year following surgery; assessing the psychological impact of surgery on patients' spouses; examining the relationship between return to work and other indices of adjustment; and exploring the use of various pre-surgical indices as predictors of later psychosocial outcome.	1983-84 1984-85 1985-86 1986-87 1987-88	9,964.00 43,342.00 36,755.07 21,591.93 5,000.00
6605-2067-52	Utilisation d'analyses in vitro pour prédire la pertinence de la chimiothérapie dans le traitement du cancer. Centre de Recherches, Hôtel-Dieu de Québec/Université Laval Docteur Jacques HUOT RÉSUMÉ: Récemment, on a mis au point plusieurs tests in vitro de courte durée sur des cellules tumorales humaines pour prédire la chimiosensibilité individuelle. Le demandeur a l'intention de comparer la valeur prédictive des plus prometteurs de ces tests: l'analyse des cellules souches de tumeurs d'origine humaine "human tumour stem cell assay (HTSCA)", l'épreuve à la thymidine tritiée (épreuve mesurant la capacité d'incorporation de la tnymidine dans l'acide désoxyribonucléique (index de marquage), la diminution des besoins des cellules	1983-84 1984-85 1985-86 1986-87 1987-88	37,558.00 46,049.00 70,830.00 41,376.00 3,787.00

tumorales en calcium extracellulaire pour proliférer in vitro, le dosage de l'acide désoxyribonucléique contenu dans chaque cellule et l'index de croissance équilibré (DNA/RNA) à l'aide de la cytométrie en continu. L'objet pratique ou très spécifique de cette étude consiste à utiliser le meilleur de ces tests comme indicateur pronostique de l'efficacité de la chimiothérapie comme adjuvant dans le traitement du cancer du sein afin de déterminer la médication optimale. Les malades seront ainsi mieux soignés, et l'on réduira le coût du traitement par patient en évitant d'administrer des médicaments inutiles.

6605-2083-52 Modulation de la voie alterne (VA) du complément (C) par l'usage prolongé de contraceptifs oraux (CO).
Centre d'hématologie et d'immunologie clinique, Hôpital Saint Sacrement de Québec, Ville de Québec
Docteur Jean-Marie DELAGE et Docteur Gertrude LEHNER-NETSCH

1983-84	nil
1984-85	31,384.00
1985-86	32,394.00
1986-87	1,800.00

RÉSUMÉ: Ce projet a pour but de vérifier sur un plus vaste échantillonnage les constatations que les candidats ont faites d'une modulation de la voie alterne (VA) du complément (C) en rapport avec la prise de contraceptifs oraux (CO). L'intérêt de cette étude vient de ce que, contrairement à d'autres modifications biologiques déjà décrites, la modulation du C prend en moyenne 2 ans pour s'installer, persiste des mois après l'arrêt des CO et peut se vérifier par un test simple, à la portée de tout laboratoire hospitalier.

6605-2091-52 Endocrine Profiles in Premenstrual Syndrome (PMS).
Department of Obstetrics and Gynecology, Montreal General Hospital
Dr. Beverley E. Pearson MURPHY

1984-85	26,385.00
1985-86	105,036.00
1986-87	66,868.00
1987-88	8,581.00

SYNOPSIS: The premenstrual syndrome (PMS) is increasingly recognized as an important clinical problem among women in their productive years. It is estimated that 70% to 90% of women suffer some form of premenstrual indisposition and that 20% to 40% are at some time disabled by it. Researchers will

Project No./ N° de projet	Project Title, Dept., Institution, Principal Investigator(s)/ Titre du projet, dépt., agence, chercheur(s) principal(aux)		
	study women through a complete cycle and try to correlate daily psychological test scores with endocrine profiles in order to determine the underlying physiological changes responsible for this syndrome. The results of this work will have implications for prevention and treatment.		
6605-2207-52	Évaluation d'une méthode immunologique permettant de détecter, via le sérum de la mère, l'embryon humain en pré-implantation. Laboratoire d'immunologie clinique et d'histocompatibilité, Centre Hospitalier de l'Université Laval Docteur Raymond LAMBERT, Monsieur Raynald ROY	1984-85 1985-86 1986-87	19,869.00 28,161.00 5,340.00
	RÉSUMÉ: Le but du présent projet est de confirmer des résultats préliminaires sur la détection de l'embryon humain par dosage sérique des facteurs immuno suppressifs précoces (FISP). Nous visons plus spécifiquement à déterminer la reproductibilité et la fiabilité de la méthode. Pour atteindre les objectifs, trois groupes de patientes seront investiguées: 1) patientes sans activité sexuelle ou ayant une ligature des trompes de Fallope. Ce groupe nous permettra d'établir la proportion des faux positifs, s'il y en a; 2) patientes traitées par insémination artificielle. Ce groupe nous permettra d'établir la proportion de faux négatifs, s'il y en a, en comparant les résultats du FISP à ceux de la B-hCG (grossesse); 3) patientes traitées par transferts d'embryons fécondés in vitro. Ce groupe nous permettra également d'établir la proportion de faux négatifs. Les résultats de la recherche pourront permettre de préciser le diagnostic à l'infécondité idiopathique et de mieux identifier le sort des embryons humains transférés après fécondation in vitro.		
6605-2222-43	Programme d'intervention en soins infirmiers en vue d'impliquer les femmes âgées à domicile dans les décisions concernant leur santé. Département des sciences de la santé, Université du Québec à Trois-Rivières Madame Lisette RICHARD	1984-85 1985-86 1986-87	8,000.00 28,384.00 3,055.00

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	RÉSUMÉ: La mission du programme vise la co-production d'un nouveau savoir sur le développement et le maintien des habiletés nécessaires au vécu quotidien de la femme âgée à domicile. Le programme veut favoriser: 1) une sensibilisation des femmes âgées à la dimension collective et sociale des problèmes du vieillissement; 2) une prise en charge de la recherche de solutions; 3) une image de soi plus valorisante; 4) le développement de réseaux du support mutuel; 5) l'intégration à leur milieu; 6) l'amélioration de l'état de santé physique. L'activité principale de cette interaction chercheurs-acteurs apparaît donc comme un travail d'harmonisation entre, d'une part, les besoins prioritaires des femmes âgées et la limitation de leurs capacités et, d'autre part, les demandes de l'environnement.		
6605-2224-53	Étude cas-témoins sur les facteurs associés au risque d'hypertension gestationnelle et de pré-éclampsie. Département de médecine sociale et préventive, Université Laval Docteur Jacqueline FABIA et Docteur Sylvie MARCOUX	1984-85 1985-86 1986-87 1987-88	22,726.00 33,550.00 19,905.00 1,727.00
	RÉSUMÉ: L'hypertension induite par la grossesse (hypertension gestationnelle et pré-éclampsie) est une complication fréquente de la grossesse, dont les conséquences peuvent être importantes pour la mère et le bébé. L'hypertension induite par la grossesse (HIG) accroît le risque de décès maternel, foetal et néonatal. Dans son rapport préliminaire de septembre 1983, le Groupe de Travail sur les grossesses à risque, mis sur pied par le Ministère de la Santé nationale, a identifié l'HIG comme sujet de recherche prioritaire. L'étude cas-témoins proposée vise principalement à déterminer si le risque d'HIG est influencé par certains facteurs auxquels peut être exposée la mère pendant la première moitié de la grossesse tels que le repos, l'activité physique, la prise d'alcool, de caféine, de calcium, de vitamines et d'acide acétylsalicylique.		
6605-2242-43	Quality of Life Following Two Types of Breast Cancer Surgery. Department of Psychiatry - Jewish General Hospital, Montreal Dr. Jean-Claude LASRY	1985-86 1986-87 1987-88	41,050.00 22,905.00 2,357.00

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	SYNOPSIS: Until recently the preferred surgical treatment for breast cancer has been the total mastectomy, a psychologically "devastating" experience for most patients. Recent studies suggest that survival rates for a more breast saving surgery, the segmental mastectomy (local excision of the tumor). Taking advantage of an ongoing U.S. - Canada Breast Cancer Study, the proposed research aims at comparing the quality of life of patients treated with a total or a segmental mastectomy. Psychosocial dimensions of life affected by cancer will be assessed (e.g. psychological distress, consumption of drugs and/or alcohol, sexual functioning and marital adjustment, social functioning) with a questionnaire. The study will provide information to help physicians and patients select the more appropriate surgical treatment, from a psychosocial standpoint.		
6605-2432-42	Les effets à long terme de la rémunération à la pièce sur la santé des travailleurs(euses): une étude rétrospective auprès des opératrices de l'industrie du vêtement pour dames. Département des relations industrielles - Université Laval M. Alain VINET	1985-86 1986-87	58,767.00 53,171.00
	RÉSUMÉ: Il s'agit d'une étude rétrospective des effets sur la santé d'une demande de travail caractérisée par des contraintes de temps sévères. La rémunération à la pièce est reconnue comme un facteur d'intensification et d'accélération du rythme de travail. Elle constituera la variable indépendante de l'étude. Des mesures d'incapacité (temporaire et permanente), de consommation de services médicaux et de médicaments constitueront les variables dépendantes. Ce genre d'étude est possible dans la mesure où nous pouvons qualifier précisément l'exposition d'une population de travailleurs(euses) durant plusieurs à des modes de rémunération différents. Cette qualification de l'exposition est assurée dans l'industrie du vêtement pour dames en raison de l'existence (au Comité paritaire du vêtement pour dames) d'un fichier comportant pour chaque travailleur(euse) et pour chaque année depuis 1955, les informations dont nous avons besoin. La qualité des données de ce fichier a été vérifiée.		

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	Parce qu'il sera possible de comparer pour des tâches identiques effectuées durant plusieurs années des travailleuses rémunérées à l'heure, nous pourrons apporter une contribution tangible à l'étude des facteurs psycho-sociaux liés à une forte demande de travail. Parce que la variable choisie est objective et facilement identifiable, son effet (s'il en est un) pourra être isolé. À notre connaissance, l'occasion qui est offerte, grâce à ce fichier, d'évaluer les effets à long terme du travail rémunéré à la pièce sur la santé, est exceptionnelle.		
6605-2230-53	Early Pregnancy Loss: Its Extent, Nature and Relevance for Identifying Hazards to Reproduction. Department of Epidemiology and Health, McGill University Dr. Abby LIPPMAN		
	SYNOPSIS: Surveillance of spontaneous abortions appears, in principle, to be a useful method for identifying human teratogens. However, the "true" frequency of spontaneous abortion is presently unknown because of problems in the diagnosis and ascertainment of very early pregnancy loss. This study aims to improve our knowledge of early embryonic and fetal loss for the presence of human chorionic gonadotropin. The applicant will determine the extent and nature of "unrecognized" spontaneous abortion and investigate possible biases that may arise in epidemiologic studies based on recognized or confirmed pregnancies. The results should help in evaluating the usefulness and relevance of early fetal loss monitoring to identify environmental hazards to healthy human reproduction.	1984-85 1985-86 1986-87 1987-88	34,590.00 75,456.25 40,730.25 3,585.00
6605-2433-56	La carence en fer chez la femme active. Département de nutrition - Faculté de médecine, U. de Montréal Docteur Marielle LEDOUX	1985-86 1986-87 1987-88 1988-89	6,678.00 27,683.00 24,520.00 2,364.00

RÉSUMÉ: Malgré la démonstration de l'incidence élevée d'une carence en fer appelée "anémie du sport" parmi les athlètes d'élite et certains groupes de sportifs, l'étiologie de cette "anémie du sport" demeure inconnue. Ainsi, cette carence en fer pourrait être: a) un effet d'une alimentation faible en fer pendant une période prolongée; b) un effet combiné de l'exercice et de la diète; et/ou enfin c) le fait d'une modification hormonale qui influencerait le métabolisme du rôle de chacun de ces facteurs parce que l'on n'a pas précisé l'apport nutritionnel en fer et en vitamine C, l'intensité de l'exercice pratiqué ou l'état du cycle menstruel des sujets à l'étude. Cette question doit cependant être résolue: en effet, le fer joue un rôle majeur comme composant de la moglobine, de l'hémoglobine et des cytochromes, dans le transport de l'oxygène et dans le métabolisme énergétique dont l'efficacité est la base d'une performance optimale chez l'athlète et d'une participation adéquate à des activités physiques de loisirs chez le sportif. Les résultats de cette étude permettront de développer des moyens de prévention adéquats ou d'envisager des correctifs pertinents en présence d'une anémie ferriprive documentée et dont les mécanismes seront connus.

6605-2620-55 Des femmes pour un Pôle. — 1985-86 7,930.00; 1986-87 7,070.00

Des femmes pour un Pôle (Association)
Madame Mary Florence WILLIAMS

RÉSUMÉ: Réaliser durant le premier semestre 1986 un raid à pied, dans des conditions très dures, du Spitsberg au Pôle Nord. Une étude de physiologie et de psychologie est prévue par un programme de recherche médicale en rapport pour l'étude de sujets de sexe féminin effectuant, en groupe restreint, une expédition polaire, en conditions d'isolement, de vie précaire et d'effort soutenu. Il y aura une étude des sujets avant le départ de façon à établir un pronostic quant aux possibilités

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	de faire face à la situation nouvelle et de s'adapter. Le projet attache beaucoup d'importance à la liaison psychobiologique et qu'au cours de l'expédition, un certain nombre de dosages sanguin, hormonaux, sont prévus. Le PNRDS contribue uniquement à la partie psycho-médicale.		
6606-1887-46	Long-term Effects of Maternal Soft Drug Use on the Development of Pre-School Children. Department of Psychology, Carleton University Dr. Peter A. FRIED and Dr. Robert M. KNIGHTS SYNOPSIS: The purpose of the present study is to continue a longitudinal study of the motor, mental and social development of children born to mothers who have used "soft" drugs (marihuana, nicotine and/or alcohol) during pregnancy and to determine whether some of the neonatal and early childhood observations have long term clinical and social effects. This work is the first to assess the behavioural consequences of marihuana use during pregnancy.	1980-81 1981-82 1982-83 1983-84 1984-85 1985-86 1986-87	53,410.00 28,115.00 36,430.00 66,801.16 73,235.84 27,562.96 20,816.00
6606-1902-52	Halogenated Hydrocarbons in Human Breast Milk - Biologic and Toxic Effects. Department of Chemistry, Environmental Biochemistry Unit, University of Guelph Dr. Stephen H. SAFE SYNOPSIS: Canadian breast milk contains an array of halogenated hydrocarbon pollutants including DDT, DDE, DDD, the hexachlorocyclohexanes, hexachlorobenzene, dieldrin, nonachlor, oxychlordane, heptachlor epoxide and polychlorinated biphenyls. The potential human health impact of this chemical mixture has hitherto not been determined. This study proposes to assess short-term biochemical effects of the individual compounds and the mixture using immature male rats and guinea pigs. Guinea pigs will also be maintained for 30 days on a diet of the	1981-82 1982-83 1983-84 1984-85 1985-86	24,750.00 29,665.00 12,972.50 nil 347.35

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	halogenated aromatics (in the chow) which will simulate the average daily intake of breast-fed children. The toxicity of these chemicals will be assessed at various time points after the feeding regimen by measuring biochemical changes in the liver, serum enzymes and chemistry, total hematology, organ weights and lesions.		
6606-1913-51	Vaginal Probe for the Detection of the Fertile Period: Correlation with Endocrine Patterns in the Menstrual Cycle. Department of Obstetrics and Gynaecology, St. Michael's Hospital, Toronto Dr. B.G. LOUIE	1981-82 1982-83 1983-84 1984-85 1985-86	24,600.00 49,010.00 48,930.00 37,945.00 nil
	SYNOPSIS: Discontinuation rates found in contraceptive research indicate that increasing numbers of women are dissatisfied with existing methods of family planning. There is a need to increase the array of choices to meet different changing requirements. Women who lack confidence in current 'natural' methods of family planning but wish to rely on the detection of their fertile period for planned conception or contraception, would benefit from a vaginal device for home use which, in addition to basal body temperature (and with no additional effort or inconvenience), detects the well-known pre-ovulatory rise in oestrogenic hormone signalling the beginning of the fertile period. To validate this approach it must be shown that device responses are biphasic, correlated with hormone levels, and reproducible under realistic conditions. This validation is the objective.		
6606-1940-46	A Study of the Psycho-Social Factors Influencing Breast Feeding Department of Nutrition and Food Science, University of Toronto Dr. Heather MACLEAN and Dr. Niall BYRNE	1981-82 1982-83 1983-84 1984-85 1985-86	34,118.00 115,506.23 30,486.34 52,957.15 22,100.00
	SYNOPSIS: The purpose of this study is to develop a theory of breast feeding that accounts for the psycho-social factors influencing choice and duration of breast feeding. It is		

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	expected that this theory will facilitate a better understanding of breast feeding by mothers, their spouses and health professionals in this field. Moreover, this theory will guide the development of more appropriate intervention strategies (educational programs, training of professionals, policy decisions) for breast feeding mothers with the aim of increasing the population of mothers who breast feed and the duration of breast feeding.		
6606-2087-43	Social Support and Outcome in Teenage Pregnancy. Health Care Research Unit, University of Western Ontario Dr. R. Jay TURNER, Dr. Carl F. GRINDSTAFF, Dr. J.P. SHERIN and Dr. Joseph R. MORRISSY SYNOPSIS: The primary purpose of the proposed study is to investigate the role and significance of experienced social support in relation to pregnancy outcomes among teenagers. More specifically, it is proposed to study the relationship of social support to complications of pregnancy including the physical health and psychological well-being of the mother and the health status of the child.	1982-83 1983-84 1984-85 1985-86 1986-87	32,641.00 50,164.00 51,129.00 52,472.00 12,000.00
6606-2140-53	The Role and Treatment of Genital Mycoplasmas in Pregnancy Loss. Department of Bacteriology, Hospital for Sick Children. Dr. Patricia A. QUINN SYNOPSIS: 15 - 25% of pregnancies abort spontaneously. Many women abort recurrently for no known reason. The applicant has defined a subgroup among this population who have otherwise normal fertility and are positive for genital mycoplasma (74% compared to 20% of the normal fertile couples). An association of genital mycoplasmas with pregnancy loss has been reported in humans and bovines. The risk of abortion in these women, in the preliminary studies, was 96% compared to the statistically expected rate of 25 - 40%. When treated before conception with	1982-83 1983-84 1984-85 1985-86 1986-87	61,167.00 149,473.00 227,847.18 250,861.00 163,600.00

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	doxycycline, loss was reduced to 46%. Such treatment before, and/or erythromycin treatment during pregnancy, reduced the risk to less than 10%. The purpose of this project is two-fold: a) to carry out a definitive study on the role of genital mycoplasmas in pregnancy loss; b) to test through prospective blind trials, the efficacy of antibiotic therapy in preventing pregnancy loss in this defined group.		
6606-2197-07	Determinants of Maternal Responsiveness in Women. Psychology, Erindale College Dr. Alison FLEMING and Dr. Diane RUBLE SYNOPSIS: Using a variety of assessment procedures the project is designed to assess changes in maternal responsiveness across pregnancy and the postpartum period in a group of middle-class women having their first child. Attempts will be made to correlate prepartum responsiveness with postpartum adaptation as well as pre and postpartum attitudes and behaviour with subsequent infant development.	1982-83 1983-84 1984-85 1985-86	22,000.00 25,375.00 46,987.00 4,151.33
6606-2223-04	Child Characteristics, Stress and Mother-Child Relationships among Developmentally Delayed Preschoolers. Hospital for Sick Children, Toronto Dr. Susan GOLDBERG SYNOPSIS: Developmentally delayed or mentally retarded children are often found to be overrepresented among those with behaviour disorders and those in the child abuse statistics. Therefore, it is important that we identify factors which contribute to the quality of care received by these children from an early age. The present study focuses upon one important aspect of care, the mother-child relationship and seeks to determine factors that influence individual differences in mother-child relationships. Specific factors being investigated include the developmental level of the child, the child's temperament, the mother's perception of stresses in her	1983-84 1984-85 1985-86	40,140.00 36,450.00 14,374.00

environment, and the sources of support for the mother. It is predicted that children with difficult temperament whose mothers feel highly stressed and have few sources of support will be engaged in stressful interactions with their mothers. One hundred and fifty children between the ages of two and five and their mothers will be participants in this study. Each pair will be visited at home where mothers will be interviewed and each will visit the laboratory at the Hospital for Sick Children for a series of observations in a playroom setting. The goal of this project is to understand the individual needs and strengths in the developmentally delayed child and his or her mother so that services can be designed to reflect these individual differences.

6606-2228-08 Effects of Prenatal and Neonatal Lead Exposure on Female Sexual Maturation and Reproductive Endocrinology.
Department of Zoology, University of Western Ontario
Dr. John P. WIEBE

1983-84	36,160.00
1984-85	35,712.00
1985-86	45,152.00
1986-87	46,507.00
1987-88	4,659.00

SYNOPSIS: The toxic effects of lead at high doses are well known, but very few studies have examined the subclinical effects, and almost nothing is known about the effects of this abundant metal on the hormone systems, especially those related to reproduction. It is now clear that children are at risk of obtaining lead not only from the environment, but also from the mother through the placenta and breast milk. The applicant has developed very sensitive methods of measuring the hormone and enzyme changes which occur at the onset of puberty, a period very sensitive to environmental factors. The proposed studies will employ these methods to provide the first detailed cellular and biochemical examinations of the effects of low levels of lead on steroid hormone production and hormone actions related to the onset of puberty in the female. The laboratory rat will be used as the experimental animal.

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6606-2237-04	Sensory Processing by the Offspring of Women who Used Marihuana During Pregnancy. Department of Psychology, Carleton University Dr. Peter FRIED	1982-83 1983-84 1984-85 1985-86	20,000.00 13,282.61 12,555.39 10,988.00
	SYNOPSIS: The purpose of the present study is to investigate, using a combination of observational, behavioural and electrophysiological techniques, the visual and auditory development of infants and young children born to mothers who used marihuana during pregnancy. For the past three years, Dr. Fried has been collecting data in the Ottawa area pertaining to socioeconomic status, general health, previous pregnancies and nutritional habits from women who have used alcohol, cigarettes and marihuana in varying amounts during a current pregnancy. One unexpected finding is that marihuana use during pregnancy (6 or more joints per week) is associated with altered visual responsiveness in the neonates born to these women. In the current proposals, the investigators plan to examine the visual system of the marihuana offspring in considerable depth to determine whether these effects are transient and to see if altered visual functioning might be associated with marihuana usage during early pregnancy when the nervous system is particularly vulnerable to damage from outside agents.		
6606-2269-02	An Epidemiological Study of Fracture in Postmenopausal Women. Department of Preventive Medicine and Biostatistics, University of Toronto Dr. Nancy KREIGER and Dr. Allan E. GROSS	1983-84 1984-85 1985-86 1986-87	47,182.00 55,281.00 37,298.00 5,150.00
	SYNOPSIS: This hospital based case control study will provide information on risk factors for hip and forearm fractures in postmenopausal women. Questionnaire data will include social, behavioural, nutritional and medical information. It is hypothesized that subjects with fracture will have had lower dietary intakes of calcium and fluoride, and will have been less physically active, than subjects without fracture.		

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6606-2380-46	The Psychopathology of Anorexia Nervosa and Related Disorders. Department of Psychiatry, Toronto General Hospital Dr. D.M. GARNER and Dr. Paul E. GARFINKEL	1983-84 1984-85 1985-86	20,000.00 17,496.00 3,421.10
	SYNOPSIS: The aim of the proposed research is to further the understanding of the psychopathology of anorexia nervosa and related disorders. Recent identification of subtypes of the disorder has led to diagnostic and prognostic advancements as well as refinements of treatment approaches. Another purpose of the proposed series of projects is to further explore the utility of the Eating Disorder Inventory (EDI), which is a multidimensional, self-report measure of psychological features common in anorexia nervosa. Preliminary findings indicate that the EDI is a reliable and valid instrument which may play an important role in the identification of meaningful subtypes of anorexia nervosa and bulimia (abnormally increased eating behaviour).		
6606-2628-44	An Evaluation of Infertility Therapy in Canadian Infertility Clinics. Department of Obstetrics and Gynaecology, McMaster University Dr. John COLLINS	1983-84 1984-85 1985-86 1986-87 1987-88 1988-89	24,554.00 72,288.00 34,297.00 53,767.00 56,501.00 5,694.00
	SYNOPSIS: This proposal will evaluate treatment given to couples with moderate degrees of infertility. Estimating the value of infertility therapy is important because pregnancy is often reported among infertile couples who have ceased all treatment and among others who have received no treatment. If successful, the evaluation will eliminate unnecessary tests, avoid ineffective therapy and clarify the outlook for couples with a complaint of infertility.		

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6606-2681-52	The Use of Chorionic Villi Biopsy for the First Trimester Diagnosis of Genetic Diseases. Division of Genetics, Children's Hospital of Eastern Ontario Dr. Alastair G.W. HUNTER SYNOPSIS: The objective of this study is to examine the potential use of chorionic biopsy at 7-8 weeks of pregnancy as a means of diagnosing specific types of genetic disease in mothers at risk. The test involves removal of a small quantity of chorionic tissue which can then be used for various diagnostic studies such as chromosome analysis. The technique has been used in several centres, on relatively small numbers of patients to diagnose an increasingly broad range of genetic disease. However, a number of questions remain regarding the most effective use of this procedure and whether it is safe and accurate as the presently established technique of genetic amniocentesis at 16 weeks gestation. In the first phase, the study will address the optimal methods of obtaining the sample and the optimal methods of obtaining chromosome results, as well as the risks of losing the pregnancy in the week after the test. In the second phase, the procedure will be directly compared in a random cohort/comparison study, with the accuracy and safety of genetic amniocentesis.	1984-85 1985-86 1986-87	29,848.35 74,129.00 10,380.00
6606-2696-42	Mothering in the Context of Multiple Roles: Preventive Health Implications. Department of Nutritional Sciences, Faculty of Medicine, University of Toronto Dr. Heather MACLEAN SYNOPSIS: The purpose of this study is to identify factors that mothers of preschool children see as pivotal in their ability to function optimally in multiple roles. Mothers' experiences will be examined in order to develop a theoretical formulation that accounts for crucial elements of their experience. This formulation will provide the basis for	1984-85 1985-86 1986-87 1987-88	25,658.00 72,594.00 45,172.00 9,291.00

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	recommendations for preventive health policy, program and resource initiatives that will enhance the mother's capacity to nurture her children and comfortably balance other aspects of her life.		
6606-2748-42	Beliefs, Values and Health Care Usage Patterns Among Northern and Urban Indian and Euro-Canadian Mothers and Children. School of Nursing, Queen's University Dr. Sharon O. BURKE	1984-85 1985-86 1986-87 1987-88	4,632.20 10,644.18 5,875.07 1,090.00
	SYNOPSIS: Experience with northern and urban Indian women and children make it clear that there is considerable mutual ignorance of cultural differences which can often have a very negative effect on the health care outcomes which both the professional and the patient desire. This cross-cultural study will compare and contrast beliefs, values and health care usage concerning maternal and child health and illness among Canadian Indians, Euro-Canadians and nurses. By learning the values of each others cultures, professionals and patient groups are better able to provide and obtain culturally sensitive care and thus more effective and efficient health care.		
6606-2908-54	Immunodiagnosis of human ovarian cancer. Departments of Obstetrics and Gynaecology (and Radiation Oncology), Princess Margaret Hospital Dr. Gerald I. URBACH	1985-86 1986-87	55,760.25 21,299.00
	SYNOPSIS: Ovarian cancer accounts for approximately half of the deaths from gynaecologic malignancies in North America and it now ranks as the fourth leading cause of cancer deaths in females. Because over 85% of ovarian cancers are of the "Epithelial" type, these tumors account for most of the deaths and constitute the largest component of the ovarian cancer problem. This research is directed towards characterizing a tumor marker easily measured in the blood of a high proportion of patients with ovarian cancer. This glycoprotein antigen, NB/70K was		

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	first isolated in the investigators' laboratory from human ovarian tumors. The presence of plasma tumor marker in patients with epithelial ovarian cancer might impact on the management of these patients and lead to improved cure rates in two ways. First, the qualitative presence of the marker might allow the development of a screening test to aid in the earlier diagnosis of this disease. Second, a quantitative relationship between tumor burden and plasma marker level would aid management of patients with known disease in many ways, as for example has occurred in gestational trophoblastic disease and non-seminomatous testicular cancer.		
6606-2939-43	The Effects of a Continuous Caregiver on Childbirth Outcomes. Faculty of Medicine - University of Toronto Dr. Ellen HODNETT	1985-86 1986-87 1987-88	39,494.00 34,259.00 3,900.00
	SYNOPSIS: The effects of a familiar, continuous caregiver on physiological and psychological childbirth outcomes will be evaluated during a stratified, randomized clinical trial. Data will be collected from 150 subjects at two intervals during the last six weeks of pregnancy and at two intervals during the first six postpartum weeks. Prenatal data will include demographic characteristics, selected psychological attributes, and childbirth expectations. Outcomes measured will include labour length, intrapartum complications, usage of analgesia and anesthesia, realization of childbirth expectations, and husbands' role perceptions. It is anticipated that the results will yield important information about the physiological effects of support during labour.		
6607-1289-53	The Influence of Anesthesia and Surgery on the Outcome of Pregnancy - Pilot Analysis. Department of Anaesthesia, University of Manitoba Dr. Peter DUNCAN	1984-85 1985-86	13,500.00 1,274.77
	SYNOPSIS: There exists, with any drug administered to a woman during pregnancy, the possibility of untoward effects upon the developing fetus. Numerous studies in human and small animals		

Project No./ N° de projet	Project Title, Dept., Institution, Principal Investigator(s)/ Titre du projet, dépt., agence, chercheur(s) principal(aux)		
	have suggested anesthetic abnormalities, or even malignancies in the fetus when exposure occurs during pregnancy in Operating Room personnel. The present study attempts to define what risk, if any, is posed to a developing fetus by incidental administration of a full anesthetic during pregnancy for the purpose of surgery.		
6607-1304-07	Electronic Diaphanography (E/DPG) as an Adjunct to the Early Diagnosis of Breast Cancer. Department of Medicine, St. Boniface General Hospital, Winnipeg Dr. Ross E. BROWN and Dr. Harvey SCHIPPER SYNOPSIS: The new diagnostic technique of electronic diaphanography (E/DPG) will be used to determine its feasibility, in detection of breast cancer. Its application will be primarily directed towards premenopausal women, the group in which X-Ray Mammography has encountered difficulties in diagnosis of breast carcinoma.	1982-83 1983-84 1984-85 1985-86 1986-87	12,000.00 60,784.00 38,165.65 55,783.53 16,766.27
6607-1323-54	Etiology and Therapy of Acute Salpingitis. Department of Medical Microbiology, The University of Manitoba Dr. Robert C. BRUNHAM SYNOPSIS: This study will define the microbiology of acute salpingitis for patients identified in Winnipeg and may be more generally applicable to the etiology of acute salpingitis as observed in North America. This study proposes a randomized treatment trial of acute salpingitis evaluating short and long term outcomes. This would represent the first prospective evaluation of treatment of acute salpingitis.	1983-84 1984-85 1985-86 1986-87 1987-88 1988-89	6,140.40 48,969.50 40,531.75 50,972.00 56,879.00 20,176.00
6607-1333-46	Women and their Health in the Middle Years: The Longitudinal Study. Department of Social and Preventive Medicine, The University of Manitoba Dr. Patricia KAUFERT	1983-84 1984-85 1985-86 1986-87 1987-88	62,031.00 102,264.00 18,688.53 44,154.11 4,120.00

Project No./ N° de projet	Project Title, Dept., Institution, Principal Investigator(s)/ Titre du projet, dépt., agence, chercheur(s) principal(aux)		
	SYNOPSIS: In this longitudinal study, a group of women who are 45 and over and still menstruating will be followed for a period of four years during which time 95% of those entering the study should experience final menses. The objective is to observe the impact of menopause upon the health and health behaviour of midlife women, taking into account other factors which impinge on a women's health, including the negative impact of life events and stress and the positive role of social support and the characteristics of a women's social network.		
6607-1351-54	Epidemiology and Strategies for Management of Hospital-Acquired Catheter-Associated Urinary Tract Infections in Women after Catheter Removal. Section of Infectious Diseases and Disease Control, St. Boniface General Hospital Dr. Godfrey K.M. HARDING	1984-85 1985-86 1986-87 1987-88	2,990.00 25,591.25 27,624.75 7,643.00
	SYNOPSIS: Approximately 10-15% of patients in acute care hospitals receive indwelling urethral catheters and of these 10-20% acquire a catheter-associated urinary tract infection. It is widely accepted that asymptomatic patients should not be treated with more antibiotic resistant bacteria. However, there is no available data on how best to manage these patients after the catheter is removed. Dr. Harding proposes to establish, with a prospective randomized control trial, the most appropriate management for this most common hospital-acquired infection. He will also study patient-characteristics and organism characteristics which may predict outcome of the infection.		
6607-1360-54	Etiology of Cervical Dysplasia. Department of Obstetrics, Gynecology and Reproductive Organs, University of Manitoba Dr. Fernando B. GUIJON	1984-85 1985-86 1986-87 1987-88	7,405.00 46,909.93 53,884.57 5,916.00

Project No./ N° de projet	Project Title, Dept., Institution, Principal Investigator(s)/ Titre du projet, dépt., agence, chercheur(s) principal(aux)		
	SYNOPSIS: Cervical dysplasia, a precancerous lesion of the uterine cervix, behaves as a sexually transmitted disease (STD). A microbial etiology (or etiologies) seems likely. The present study examines the role of a variety of sexually transmitted pathogens in the etiology of cervical dysplasia and evaluates the role of antibiotic treatment in eliminating the earliest types of cervical dysplasia. These studies may help to further elucidate the role of infections in carcinogenesis and may provide alternate strategies to prevent or manage cervical dysplasia.		
6607-1401-53	A Population-based Study of Cervical Screening in Manitoba. Department of Social and Preventive Medicine, University of Manitoba Dr. Marsha M. COHEN	1985-86 1986-87 1987-88 1988-89	10,121.70 40,319.4[illegible] 31,801.0[illegible] 3,049.00
	The study proposes to describe pap testing in the province of Manitoba over fifteen years and to assess the follow-up of women who have had an abnormal pap test. Data from the Manitoba Health Services Commission (MHSC) will be used to determine the number of pap tests and the number of women who have had a pap test in the province, 1970 to 1984 inclusive. Characteristics of women who have had fewer or greater than the recommended number of tests (according to the Walton reports of 1976 and 1982), will be described. As well, MHSC data will be used to identify women who have had an abnormal pap test. The pap test history of these women will be ascertained as well as their subsequent follow-up and treatment. The study will use record linkage between MHSC and the Manitoba Cancer Treatment and Research Foundation to follow-up women over time.		
6608-1170-42	Coping with Breast Cancer and Mastectomy. Departments of Psychology and Psychiatry, University of Saskatchewan Dr. Robert ZEMORE, Dr. Lawrence F. SHEPEL	1984-85 1985-86 1986-87 1987-88	2,650.00 26,060.30 20,681.55 3,953.50

Project No./ N° de projet	Project Title, Dept., Institution, Principal Investigator(s)/ Titre du projet, dépt., agence, chercheur(s) principal(aux)		
	SYNOPSIS: With one woman in fourteen expected to develop breast cancer in her lifetime, it is important that we become better informed of the psychological and social problems that result from breast cancer and its treatments. Before we can develop effective support programs, we need to know more about the course of adjustment in breast cancer patients, the specific problems encountered and the social circumstances which can promote adjustment.		
6609-1195-52	The Role of Prokaryotic Organisms in Human Reproductive Wastage: A Clinical, Pathologic and Microbiologic Study. Departments of Pathology and Medical Bacteriology, University of Alberta Dr. Louie H. HONORE and Dr. Janet A. ROBERTSON	1982-83 1983-84 1984-85 1985-86	49,840.00 47,550.89 85,027.00 33,134.00
	SYNOPSIS: Reproductive failure, with its emotional trauma and morbidity, is a frequent affliction of the human race. One of the etiologic factors so far identified is intrauterine infection with prokaryotic organisms, but the published evidence remains inconclusive. This clinicopathologic and microbiologic study attempts to establish or refute the etiologic relevance of these organisms and to define qualitatively and quantitatively the risk factors involved.		
6609-1268-42	Epidemiology of Premenstrual Syndrome (PMS). Department of Community Health Services, Faculty of Medicine, University of Calgary Dr. Savitri RAMCHARON, Dr. Edgar J. LOVE	1984-85 1985-86 1986-87 1987-88	22,100.00 92,500.11 110,345.89 10,860.00
	SYNOPSIS: This proposal is for a cross-sectional survey of a random sample of urban Canadian women 20-44 years of age residing in Calgary to obtain an unbiased measure of the prevalence of PMS symptoms by day of menstrual cycle. The demonstration of a significantly higher frequency of severe symptoms in some women during the premenstruum, when confounding factors are controlled, will be evidence supporting the existence of PMS. The percentage of women affected will provide an estimate of its prevalence.		

Project No./ N° de projet	Project Title, Dept., Institution, Principal Investigator(s)/ Titre du projet, dépt., agence, chercheur(s) principal(aux)		
	The results of this study are expected to point the way to further investigations into the nature, etiology and treatment of PMS by: a) characterizing women with or without PMS symptoms who would be potential participants in clinico-biochemical investigations, the possibility being that such studies will lead to the development of etiological models that could be tested in experimental animals: and b) assisting in the classification of patients for selection into randomized clinical trials of various therapeutic regimens, which in turn will also help to elucidate possible etiological mechanisms.		
6609-1275-44	Effects of Short-Term Interaction Coaching with Mothers of Preterm Infants. Department of Educational Psychology, University of Calgary Dr. H. LYTTON	1984-85 1985-86 1986-87 1987-88	11,178.41 16,745.81 12,500.08 11,006.90
	SYNOPSIS: This study proposes to examine the effects of eight 40-minute interaction coaching sessions on the mother-infant interaction patterns of preterm mother-infant dyads. It is hypothesized that short-term interaction coaching will positively influence mother-infant interaction and help promote more harmonious synchronous interactions in this high-risk group. It is further hypothesized that this training will influence infant development at age two. Results may point to a prevention oriented intervention useful to clinicians working with a high-risk mother-infant pairs.		
6610-1420-52	Prospective Study of Bone Density in Premenopausal Women Runners. University of British Columbia/Vancouver General Hospital Dr. Jerilynn C. PRIOR	1985-86 1986-87 1987-88	51,699.45 38,022.58 14,877.97
	SYNOPSIS: Women who exercise intensely may experience changes in their menstrual cycle. Exercise has been shown to increase cortical bone density. Recently, however, amenorrheic runners were shown to have less bone density in their spine than normally cycling women. This might predispose them to early osteoporosis when they are post menopausal.		

Project No./ N° de projet	Project Title, Dept., Institution, Principal Investigator(s)/ Titre du projet, dépt., agence, chercheur(s) principal(aux)		
	The research team will measure changes in bone density over one year in women training for a marathon (who are likely to develop menstrual changes and lower estrogen levels), running a regular amount (less likely to have menstrual changes), and who are sedentary. They will also measure dietary calcium, hormone levels and monitor basal temperature records. If these common menstrual cycle changes associated with running appear to predispose active women to vertebral bone loss probably related to lower estrogen levels, then this research should provide indications for prevention of this loss.		
6613-1149-X	National Study of Screening for Breast Cancer. Epidemiology Unit, National Cancer Institute of Canada and University of Toronto Dr. A.B. MILLER SYNOPSIS: This is a multicentre controlled trial to evaluate the efficacy of screening for breast cancer in reducing mortality from the disease by mammography and physical examination in women ranging in age from 40 to 49 and the independent effect of mammography in screening women aged 50 to 59.	1979-80 1980-81 1981-82 1982-83 1983-84 1984-85 1985-86	4,951.15 250,000.00 500,000.00 730,860.00 772,248.85 530,000.00 320,000.00
6613-1232-X	A Study in Canadian Women of the Clinical Efficacy and Acceptability of the Cervical Cap as a Method of Reversible Contraception. Canadian Committee for Fertility Research (project administration only) Department of Community Health Medicine, University of Calgary and Department of Obstetrics and Gynaecology, University of Western Ontario (project activity locations only) Dr. Edgar J. LOVE (U. of C.) and Dr. Barbara CRUICKSHANK (U.W.O.) SYNOPSIS: Although the cervical cap has been used as a contraceptive method by many women in Europe, it has found only limited acceptance in North America, until quite recently. There is renewed interest in the device, particularly on the	1983-84 1984-85 1985-86 1986-87	37,259.00 67,257.00 49,693.00 16,248.00

Project No./ N° de projet	Project Title, Dept., Institution, Principal Investigator(s)/ Titre du projet, dépt., agence, chercheur(s) principal(aux)		
	part of women seeking safer alternatives to oral and intrauterine contraception. This study proposes a large-scale multicentre study of the cervical cap in Canadian women, intended to establish the state of scientific knowledge available, to study the failure rate resulting from use of the cap, and to assess the acceptability of the device among women.		
6613-1245-49	Canadian Multicentre Study of the Factors Influencing the Treatment of Breast Cancer. Department of Epidemiology and Preventive Oncology, Alberta Cancer Board Dr. Gerry B. HILL	1984-85 1985-86	3,200.00 1,340.56
	SYNOPSIS: The purpose of this formulation is to develop a study of the factors which influence the stage at which breast cancer patients are treated in five different Canadian centres and their relationship to the outcome of the treatment. The Canadian Multicentre Breast Study will collect information relating to the investigation and diagnosis of symptomatic breast problems in five different health care settings in Canada. The time taken to reach a definitive diagnosis and subsequently, the accuracy of diagnosis of benign disease and cancer will be related to the structure, availability, and accessibility of health care resources in each medical setting and within the study population as a whole.		
6613-1260-50	National Association of Women and the Law-Conference "Who's in Control? Legal Implications of Reproduction and Technology" Ottawa, February 21-24, 1985. National Association of Women and the Law Ms. Dale URKA	1985-86	3,000.00

REPRESENTATION OF WOMEN ON CANADIAN DELEGATIONS TO INTERNATIONAL MEETINGS

Year	W H A			P A H O Directing Council			Commonwealth Health Ministers		
	Total number of delegates	Female delegates No.	%	Total number of delegates	Female delegates No.	%	Total number of delegates	Female delegates No.	%
1980	10	2	20%	6	0	0%	6	4	67%
1981	12	3	25%	6	0	0%	--	--	--
1982	14	3	21%	*8	0	0%	--	--	--
1983	15	3	20%	12	4	33%	23	8	35%
1984	15	5	33%	10	3	30%	--	--	--
1985	17	6	35%	9	4	44%	--	--	--
1986	13	4	31%	11	3	27%	8	3	38%

* Pan American Sanitary Conference

APPENDIX V

WHA39.18 Implementation requirements of the Nairobi Forward-Looking Strategies for the Advancement of Women in the health sector

The Thirty-ninth World Health Assembly,

Having considered the Director-General's report on collaboration within the United Nations system (general matters),*

Noting resolution 40/180 adopted by the United Nations General Assembly at its fortieth session, in particular paragraph 10 urging all specialized agencies to take the necessary measures to ensure a concerted and sustained effort for the implementation of the provisions of the Nairobi Forward-Looking Strategies with a view to achieving a substantial improvement in the status of women by the year 2000;

Recalling resolution WHA38.27 requesting the Director-General to ensure the Organization's active participation in the Nairobi World Conference;

Taking account of Economic and Social Council resolution 1985/46 and noting the contribution which the system-wide, medium-term plan for women and development, in particular the proposed subprogramme entitled "Health, nutrition and family planning", could make to the comprehensive implementation of the Nairobi Forward-Looking Strategies;

Recalling resolution WHA38.12 raising to 30% the target set for the proportion of all professional and higher-graded posts in established offices to be occupied by women in the Organization;

Aware that the Nairobi Forward-Looking Strategies, in particular paragraphs 148 to 162, have considerable implications for the work of the Organization;

1. TAKES NOTE with satisfaction of the report of the World Conference to Review and Appraise the Achievements of the United Nations Decade for Women: Equality, Development and Peace, and ENDORSES the Nairobi Forward-Looking Strategies for the Advancement of Women as providing a comprehensive policy framework for advancing the status of women by the year 2000;

2. DECIDES that WHO shall take all appropriate measures to ensure cooperation with other organizations of the United Nations system in the implementation fo the Nairobi Forward-Looking Strategies;

3. REQUESTS the Director-General:

(1) to ensure that participation of the Organization, on an intersectoral and interdisciplinary basis, in the follow-up to the Conference;

(2) to take account of the programme implications of the Nairobi Forward-Looking Strategies in preparing the proposed programme budget for 1988-1989 and the Eighth General Programme of Work of the Organization;

(3) to submit to the Fortieth World Health Assembly a report on activities undertaken and proposed by the Organization to implement the Nairobi Forward-Looking Strategies for the Advancement of Women.

Hbk Res., Vol. II (1985), 7.1.3.7

(Fourteenth plenary meeting, 15 May 1986 - Committee B, third report)

*Document A39/25.

APPENDIX VI

AFFIRMATIVE ACTION PROGRAM

I Overview

The Affirmative Action Program was announced in June 1983 by the Treasury Board, with a threefold objective:

- to ensure that women, Indigenous people and disabled persons are equitably represented in the Public Service;
- to neutralize employment systems which disfavour target groups; and
- to actively help women, Indigenous peole and disabled persons to achieve equitable representation within a reasonable timeframe through temporary special measures.

In addition, the Federal Government has recently announced a series of special measures to substantially increase the representation of members of visible minority groups within the Federal Public Service.*

In accordance with Affirmative Action guidelines established by the Treasury Board, departments conducted workforce and employment systems analyses in 1984 to identify any existing systemic barriers which might work to the disadvantage of target group members. On the basis of these analyses, departments developed three-year Affirmative Action Plans which included measures to improve the representation of target group members, and to correct policies, practices or procedures which were found to have a negative impact upon them.

Within Health and Welfare, the Affirmative Action research was carried out under the guidance of the Departmental Advisory Committee on Affirmative Action. The research focused primarily on the staffing process, as it was felt that representation is most directly affected by staffing. Through the research, areas which indicated the existence of some inequity with respect to target groups were identified.

The findings of these analyses formed the basis of the Department's Affirmative Action Plan, which was approved by the Treasury Board in September 1985.

*Activities related to Indigenous people, disabled persons and visible minority groups will not be discussed in this report.

II Implementation of the Affirmative Action Plan within Health and Welfare Canada

When the Affirmative Action research was conducted in 1984, the representation of women within occupational categories, groups and levels were reviewed to determine where representation was poor compared to availability. As a result of the research, fourteen occupational groups were identified as "problem groups" because of low representation of women. Specific targets were set with respect to these groups and to date, progress towards these targets has been encouraging.

At the time that the research was conducted, a special study to assess opportunities for women in the Administrative Support Category to move into junior officer positions found that proportionately more men than women were promoted. Further study revealed that most of these movements took place through the closed competitive process; and that although women did well in competitions compared to men, few women applied, relative to their representation. To encourage more women to apply for competitions, a series of Career Advancement Seminars for Women Public Servants was offered by the Department to coach women in different career management strategies.

III Outlook of Activities 1986-1987

The announcement by the Treasury Board in June 1986 of special measures to enhance employment opportunities for Affirmative Action Target Groups (including visible minority persons) will have an impact on activities in the coming fiscal year. With respect to women, increased emphasis will be placed on their employment in non-traditional occupations, and their appointment at senior levels (directors and directors general) of Personnel Branches throughout the Public Service.

Furthermore, to ensure that Affirmative Action is fully integrated with Human Resources Planning, Affirmative Action objectives and activities will be integrated in the Department's Multi-Year Human Resource Plan (MYHRP) in 1986-1987. Through the MYHRP, the Department will be able to update, modify and build on the approved Affirmative Action Plan.

To these ends, the Advisory Committee will continue to play a key role in providing guidance and advice on program activities.

Representation of Women by Category
1985-1986

Category	April 1985		April 1986		% Change in Representation
	Total Employees	% Women	Total Employees	% Women	
Management	151	13.2	139	13.7	+.5
Scientific and Professional	2070	56.4	2080	57.2	+.8
Administrative and Foreign Service	1634	48.4	1679	49.1	+.7
Technical	693	43.3	700	44.4	+1.1
Administrative Support	3532	84.3	3637	83.8	-.5
Operational	769	53.4	725	53.8	+.4
Other Staff	19	47.4	18	55.6	+8.2
Total	8868	64.0	8978	64.5	+.5

SOURCE: DPIS R-334

APPENDIX VII

DEPARTMENTAL ADVISORY COMMITTEE ON STATUS OF WOMEN CONCERNS

PALTIEL, F.L.	Senior Adviser, Status of Women, Chair
DAVIES, L.	Medical Services Branch
DOOLAN, C.	Income Security Programs Branch
FLAHERTY, Dr. M.J.	Principal Nursing Officer
HO, M.	Health Protection Branch
QUINLAN, D./MITCHELL-JENSEN, K.	Personnel Administration Branch
KONG, C./COURTEMANCHE, F.	Public Affairs Directorate
McDONALD, K./PALMASON, D.	Fitness and Amateur Sport
CULLEN, A.	Policy, Planning and Information Branch
DIONNE, P./DOWNIE, P.	Intergovernmental and International Affairs
GOUDREAULT, L.	Health Services and Promotion Branch
SMITH, G./ANDERS, C.	Social Services Programs Branch

Secretariat, Office of Senior Advisor Status of Women

DEEK, H.	Committee Secretary
LAGASSE, V.	Policy Analyst
PEARL, B.	Policy Analyst
MATTERN, C.	Research Officer
HACKETT-PARANT, S.	Secretary